

No. 2
12-45
17-39
X47070

FILED FEB 16 1948

Registration District No. 46

Primary Registration District No. 1000

Registrar's No. 1143

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution State Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 wks.
(Specify whether years, months or days) Yes 3 mos

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No. 11
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MAGGIE NUTTER.

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 11-1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>63</u>	<u>5</u>	<u>20</u>	hr. _____ min. _____

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name Henry C. Nutter

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Rizzie Marshall

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Robert C. Nutter

(b) Address Kansas City, Mo.

17. (a) Normal (b) Date thereof 2/11/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director Wm. H. H. H.

(b) Address Richmond, Mo.

19. (a) 2-2-48 (b) B. B. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11
year 1948 hour 2 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan. 20
_____, 1948, to Feb. 11, 1948.
that I last saw her alive on Jan 31
and that death occurred on the date and hour stated above.

Immediate cause of death bronchial pneumonia
Duration 10 da.

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(c) Means of injury _____

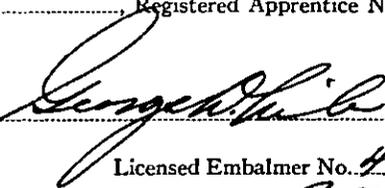
23. Signature George M. Butler (M. D. or other) _____

Address St. Joseph, Mo. Date signed 2/11/48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed



Licensed Embalmer No. 4066

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.