

U.S. No. 2
 FORM-5-43
 Rev. 5-17-39
 I X38671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 FILED JAN 5 1949

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **39472**
 Registrar's No. **# 421**

Registration District No. _____ Primary Registration District No. **4177 3007**

1. PLACE OF DEATH: **Butler**
 (a) County _____
 (b) City or town _____
 (c) Name of hospital or institution: **Poplar Bluff Hosp. Poplar Bluff, Mo.**
 (d) Length of stay: In hospital or institution **3 hrs.**
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **DeKalb**
 (c) City or town **Clarkston Mo.**
 (d) Street No. _____
 (e) Citizen of foreign country? **No**
 If yes, name country _____

3. (a) PRINT FULL NAME **Richard Wilcutt, Jr.**
 3. (b) If veteran, name war **WW II**
 3. (c) Social Security No **330-29-5579**
 4. Sex **Male** 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

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **4** day **10**
 year **1948** hour **2** minute **03 P.M.**
 21. I hereby certify that I attended the deceased from _____
 19____ to _____ 19____
 that I last saw him alive on **12-4**
 and that death occurred on the date and hour stated above.

7. Birth date of deceased **Sept. 28 1927**
 (Month) (Day) (Year)

Immediate cause of death **Sunshot wound of base of skull penetrating cerebrum**
 Due to _____
 Due to _____

8. AGE: Years Months Days If less than one day
21 2 6 hr. _____ min. _____

Other conditions _____
 (Include pregnancy within 3 months of death)
 Duration _____

9. Birthplace **Clarkston Mo.**
 (City, town, or county) (State or foreign country)

Major findings: Of operations **1st 17**
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

10. Usual occupation **Farmer**
 11. Industry or business _____
 12. Name **Richard Wilcutt, Jr.**
 13. Birthplace **Clarkston Mo.**
 14. Maiden name **Ellie Walters**
 15. Birthplace **Poplar Bluff Mo.**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **Accident 72**
 (b) Date of occurrence **Dec 4 1948**
 (c) Where did injury occur? **Clarkston New Madrid Mo**
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm
 While at work? **hunting** (Specify type of place) (e) Means of injury **Sunshot**
 23. Signature **Wm Henderson** (M. D. or other) _____
 Address **Poplar Bluff Mo** Date signed **Dec 7 1948**

16. (a) Informant **Richard Wilcutt, Jr.**
 (b) Address **Clarkston Mo.**
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-6-48**
 (Month) (Day) (Year)
 (c) Place: burial or cremation **Stansfield**
 18. (a) Signature of funeral director **Wm Henderson**
 (b) Address **Poplar Bluff Mo**
 19. (a) **12-19-48** (Date received local registrar) (b) **Wm Henderson** (Registrar's signature) **25**

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

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JAN 13 1949
DISTRICT

RECEIVED
District Health Office No. 2,
District File Number 1248-1202
Date Filed 12-22-48

JAN 6 1949

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.....

P. O. Address.....

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.