

REG. MAY 11 1943

Registration District No. 220

Primary Registration District No. 5792

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County MONITAN  
(b) City or town California Rural Home State Missouri (b) County Moniteau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) County \_\_\_\_\_ State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town California Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME HORACE A. DUTCHER  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W.  
6. (a) Single, widowed, married, divorced /  
6. (b) Name of husband or wife June Dutcher 6. (c) Age of husband or wife if alive 36 years  
7. Birth date of deceased Sept. 28 1894  
(Month) (Day) (Year)

8. AGE: Years 58 Months 6 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace High Point Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_  
12. Name Horace Dutcher  
13. Birthplace High Point Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret Proctor  
15. Birthplace High Point Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Horace Dutcher  
(b) Address California  
17. (a) Burial (b) Date thereof 8-9-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation High Point Cem.  
18. (a) Signature of funeral director W. B. Shelton  
(b) Address Persimmon Gap, Mo.  
19. (a) 9/9/43 (b) Margaret Martine  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 4  
year 1943 hour 5 minute 10 P.M.  
21. I hereby certify that I attended the deceased from April 4  
\_\_\_\_\_, 19 43, to April 4, 19 43  
that I last saw him alive on April 4, 19 43  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina pectoris Duration 5 hrs.  
Due to rheumatism several yrs.  
Due to \_\_\_\_\_  
Other conditions g/f  
(Include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
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)  
(e) Means of injury D  
23. Signature E. B. Shelton (M. D. or other)  
Address Edon, Mo. Date signed \_\_\_\_\_

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 1-1-33

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**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

*G. Steffens*

Licensed Embalmer No. *2507*

P. O. Address. *Russellville, 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, above space should be left blank.**