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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26580
Do not use this space.

1. PLACE OF DEATH REC'D AUG 26 1938
(a) County Saline
(b) Township Marshall
(c) City Marshall
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 796
Primary Registration District No. 3038 Registered No. 105

2. PRINT FULL NAME John Lacy Hutchens 325
(a) Residence, No. 991 S. English St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 15, 1844

7. AGE: YEARS 93 | MONTHS 11 | DAYS 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Shoe Maker
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gadkin county North Carolina 1

FATHER
13. NAME: Wm. N. Hutchens 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gadkin county North Carolina 9

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): R.A. Hutchens Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Blue Springs, Mo DATE: July 6, 1938

19. FUNERAL DIRECTOR (ADDRESS): J.L. Sweeney Marshall, Mo.

20. FILED 7-5-1938 Mary Kent Deputy Local Registrar. 7123

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to July 4, 1938
I last saw h. 1 M alive on June 20, 1938 Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Sclerosis	1920

Other contributory causes of importance: 97

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? W.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) [signature], M. D.
(Address) Marshall Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, J. Leslie Sussney, Licensed Embalmer No. 3235

hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. Leslie Sussn

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed J. Leslie Sussney

Licensed Embalmer No. 3235

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