

REC'D MAR 8 1939

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

7388
Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot Registration District No. 655
(b) Township _____ Primary Registration District No. 4392 Registered No. _____
(c) City Steele (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 2 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Geo. W. Hutcherson

(a) Residence, No. 326 Steele, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Hutcherson

22. I HEREBY CERTIFY, That I attended deceased from 2-12 1899, to 2-14 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30. 1859

I last saw him alive on 2-12-1939. Death is said to have occurred on the date stated above, at 4:30 m.
The principal cause of death and related causes of importance were as follows:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>78</u>	<u>7</u>	<u>14</u>	

Senile Gangrene Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
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

Other contributory causes of importance: none

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centerville Tenn

FATHER 13. NAME Bill Hutcherson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickman Co. Tenn

MOTHER 15. MAIDEN NAME Donie Gill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickman Co. Tenn

17. INFORMANT (ADDRESS) Mrs Georgie Franks Clarkton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blytheville, Ark. DATE Feb, 15 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) German Undt Co. Steele, Mo.

20. FILED Feb 25 1939 J. P. Wickrey Local Registrar.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) J. P. Wickrey, M. D.
Steele, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, above space should be left blank.