

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

10120
Do not use this space.

1. PLACE OF DEATH
 (a) County BUCHANAN Registration District No. 85
 (b) Township WASHINGTON Primary Registration District No. 1001 Registered No. 278
 (c) City ST. JOSEPH, (d) Street No. ST. JOSEPH HOSPITAL 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.

2. PRINT FULL NAME JOHN W. HUTCHINSON
 (a) Residence, No. 1016 PROSPECT 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

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF NETTA HUTCHINSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 14, 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	43	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. SHIPPING CLERK

9. Industry or business in which work was done, as saw mill, bank, etc. JERSEY CEREAL CO.

10. Date deceased last worked at this occupation (month and year) UNK 11. Total time (years) spent in this occupation UNK.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WATHENA, KANSAS.

FATHER

13. NAME ALBERT G. HUTCHINSON

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IOWA

MOTHER

15. MAIDEN NAME MARY ANN BAKER,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WATHENA, KANSAS

17. INFORMANT MRS. NETTA HUTCHINSON,
 (ADDRESS) 1016 PROSPECT, ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE MEMORIAL PARK CEM. DATE MARCH 18, 1939

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON INC.
 (ADDRESS) 346 COLHOUN ST. ST. JOSEPH, MO.

20. FILED MAR 28 1939 H. J. Neatle
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 16, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3/11, 1939, to 3/16, 1939
 I last saw him alive on 3/16/39, 19... Death is said to have occurred on the date stated above, at 5:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 3/10/39

Other contributory causes of importance: None

Name of operation None Date of None
 What test confirmed diagnosis? Phy exam Was there an autopsy? No.

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 None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify None
 (Signed) M. H. Valters M. D.
 (Address) St. Joseph, Mo.

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.

MAY 31 1945

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.....

John E. Rupp

Licensed Embalmer No.....

3986

P. O. Address.....

St Joseph

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.