

REC'D APR 7 1939

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

12123
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Francois Registration District No. 771
 (b) Township _____ Primary Registration District No. 4467 Registered No. _____
 (c) City Bismarck Mo (d) Street No. _____ St. _____
 (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 Miss Ada Haskell Hutchings
 (a) Residence, No. _____ 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 A 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edmund Hutchings
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 14-8-1877
 7. AGE YEARS 61 MONTHS 7 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 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) Bismarck Mo
 FATHER 13. NAME Gilford A. Rouse
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Syracuse N.Y.
 MOTHER 15. MAIDEN NAME Harriette Smith
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galivatti Ohio
 17. INFORMANT (ADDRESS) Myrtle D. Mandiger
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bismarck DATE 3-10-1939
 19. FUNERAL DIRECTOR (ADDRESS) White & Hill Bismarck Mo
 20. FILED 31 17 1939 AWG:mnd Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6, 1939
 22. I HEREBY CERTIFY, That I attended deceased from 1-5- 1939, to 3-5 1939
 I last saw h. or alive on 3-4 1939 Death is said to have occurred on the date stated above, at 9:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Apoplexy
Arterio Sclerosis
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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) Jas W. Hoffmann, M. D.
 (Address) Bismarck

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.

STATEMENT BY LICENSED EMBALMER

I, C. J. Hill, Licensed Embalmer No. 1853
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed C. J. Hill
Licensed Embalmer No. 1853

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.)