

REC'D JUL 11 1939

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

22525

Do not use this space.

## 1. PLACE OF DEATH

(a) County Linn Registration District No. 470  
(b) Township So. Mt. Vernon Mo Primary Registration District No. 4253 Registered No. 82  
(c) City Mt. Vernon Mo (d) Street No. at Home Mt. Vernon 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 5 yrs. 0 mos. 0 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. Lewis 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 married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mollie G. Hutchins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24-1865

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.  
74 0 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Grocer  
9. Industry or business in which work was done, as saw mill, bank, etc. X  
10. Date deceased last worked at this occupation (month and year) 7/1 X  
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nalnut Grove Mo13. NAME Caron Hutchins14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois15. MAIDEN NAME Sarah Starr16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn17. INFORMANT (ADDRESS) Hester Carter  
Mt. Vernon Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Carthage Mo DATE June 9 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Wink Funeral  
203 E. Mt. Vernon Mo20. FILED June 9 1939 PA Palmer Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16 1939 to June 2 1939  
I last saw him alive on May 30 1939. Death is said

to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

Hypertension with  
Arteriosclerosis

Other contributory causes of importance:

apoplexy

Name of operation none Date of June 2-39What test confirmed diagnosis? clinical Was there an autopsy? no23. 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? no

If so, specify \_\_\_\_\_

(Signed) PA Palmer, M. D.(Address) Mt. Vernon Mo

RECEIVED

District Health Officer No. 6,

District File Number 739-1268

Date Filed JUL 6 1939

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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.....

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.**