

REC'D SEP 8 1939

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

30032
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 744
(b) Township Richmond Primary Registration District No. 8976A
(c) City None (d) Street No. _____ Registered No. 242
(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. 7 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John W. 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 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 Rella Waters Hutchings
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1884
7. AGE YEARS 55 MONTHS 3 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) 5 miles south of Excelsior Springs, MO in Ray Co. Mo.

13. NAME P. M. Hutchings

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.

15. MAIDEN NAME Martha Wallace

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.

17. INFORMANT (ADDRESS) Mrs Rella W. Hutchings Richmond, Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Enon Cemetery DATE August 18, 1939

19. FUNERAL DIRECTOR (ADDRESS) Tibson & Son Orrick, Mo.

20. FILED Aug 31, 1939 W. A. Jackson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I (attended deceased from August 16, 1939, to Aug 16, 1939
I last saw him alive on Aug 16, 1939. Death is said to have occurred on the date stated above, at 10:05 pm.
The principal cause of death and related causes of importance were as follows:

Coronary Occlusion Date of onset 8/16/39

Other contributory causes of importance: Previous Coronary Disease 1 year Previous

Name of operation Farming Date of _____

What test confirmed diagnosis? _____ 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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) John F. Grace!, M. D.
Excelsior Springs, Mo

WHITE PLAIN, WITH UNFADING INK---THIS IS A PERMANENT RECORD
I X12004

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.

RECEIVED
District Health Officer No. 8,
District File Number
62139
Date Filed

STATEMENT BY LICENSED EMBALMER

I, W. Gibson, Licensed Embalmer No. 2299

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

No. _____ or by L. E. Edward P. Gibson, Registered Apprentice No. 151
working under my personal supervision.

Signed W. Gibson
Licensed Embalmer No. 2299

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.)