

DEC 18 1939

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

40959
Do not use this space.

1. PLACE OF DEATH

(a) County Scott Registration District No. 821
(b) Township Richland Primary Registration District No. 4503 6071 Registered No. _____
(c) City or Sikeston (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

322 Charles Hutchason
(a) Residence, No. Route 1 Sikeston, Missouri St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Martha Jane Hutchason
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1858
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 3 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired 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) Indiana (STATE OR COUNTRY)

FATHER 13. NAME William Hutchason

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

MOTHER 15. MAIDEN NAME Delpha Yates

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT W. C. Hutchason (ADDRESS) Sikeston, Missouri

18. BURIAL ~~PLACE OF BURIAL~~ Memorial Park Ceme DATE November 2, 1939

19. FUNERAL DIRECTOR (NAME) H. J. Welsh (ADDRESS) Sikeston, Missouri

20. FILED 12-6 1939 J. H. Primm Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1939 to Nov 1, 1939
I last saw him alive on Oct 31, 1939 Death is said to have occurred on the date stated above, at 12:05P m.
The principal cause of death and related causes of importance were as follows:

1. Chronic Myocarditis Date of onset 1-1-39
2. Essential Hypertension 12-1-39
3. Chronic Hepatitis 1-7-39

Other contributory causes of importance: Acute Skin Pericarditis on right hand

Name of operation _____ 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) Merlin H. Anderson M. D.
_____ (Address) Sikeston 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.

RECEIVED

District Health Officer No. 2

District File Number 1239-414

Date Filed 12-8

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.....

BODY NOT EMBALMED

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Harvey J. Johnson

Licensed Embalmer No. 3704

P. O. Address. Lexington, Mo.

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.