

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44422

Registration District No. 735

Primary Registration District No. 5971

Registrar's No. 228

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Rural - Union Township
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether)

In this community
years, months or days

3. (a) PRINT FULL NAME Jessie E. Hutsell 324

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Will W. Hutsell 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug 3rd 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 4 - hr. min.

9. Birthplace Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name James Bailey

13. Birthplace Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Ella Davis

15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature W. W. Hutsell

(b) Address RFD Moberly, Mo.

17. (a) (Burial, cremation, or removal) (b) Date thereof Dec 5th 1939
(Month) (Day) (Year)

(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director Mahan & Son

(b) Address Moberly

19. (a) Dec 5 '39 (b) Leah Halliday
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3rd
year 1939 hour 3 minute 12 P. M.

21. I hereby certify that I attended the deceased from Dec - 31 - 1938, to Dec - 3 - 1939
that I last saw her alive on Dec - 3 - 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Pellagra and pernicious anemia Duration 1 yr.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature E. H. Shrader (M. D. optional)

Address Moberly, Mo. Date signed 12-5-39

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.

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RECEIVED

District Health Officer No. 10

District File Number 1-40-151

Date Filed JAN 11 1940

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 Frank D. Watt

Licensed Embalmer No. 3821

P. O. Address No body in

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.