

FILFO FEB 17 1940

Registration District No. 277

Primary Registration District No. 4173

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Malden
(If outside city or town limits, write "RURAL" and name of 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 George H. Hutchcraft

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive 21 years (Day) (Year)

7. Birth date of deceased April 21 1888
(Month) (Day) (Year)

8. AGE: Years 51 Months 8 Days 26 If less than one day hr. - min.

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

10. Usual occupation none

11. Industry or business

12. Name John Hutchcraft

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

14. Maiden name Edna Daniels

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

16. (a) Informant Earl Hutchcraft

(b) Address Malden Mo

17. (a) Burial (b) Date thereof Jan 17 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden Mo

18. (a) Signature of funeral director Carroll E. Mitchell

(b) Address Campbell Mo

19. (a) 1/16/1940 (b) Sto. Mitchell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard

(c) City or town Malden
(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.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1940 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan 15 1940

that I last saw him alive on Jan 15 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 82a

Duration 3 wks

Due to

Due to 82b

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 3

23. Signature H. D. Davis (M. D. or other) 0
Address Malden Date signed 1-16-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

