

FILED FEB 13 1940

Registration District No. 248

Primary Registration District No. 2001

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Greene
 (b) City or town Springfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Surge Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 weeks
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME MOLLIE HUTCHISON 722

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 Mr. J. Hutchison 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 15, 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>9</u>	<u>29</u>	<u>no.</u>

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

10. Usual occupation House Wife

11. Industry or business In home

12. Name George Summers

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

14. Maiden name Laura Arnold
mo.

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

16. (a) Informant Mr. J. Hutchison

(b) Address Berryville, Ark.

17. (a) Removal (b) Date thereof 1/17/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greeneville

18. (a) Signature of funeral director W. H. Summers
(b) Address Springfield Mo 240

19. (a) Jan 15, 1940 (b) Chas. A. King
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County _____
 (c) City or town Berryville
 (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 Jan day 14
year 1940 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from Nov 26th, 1939, to Jan 14, 1940, that I last saw her alive on Jan 14, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Diabetes Mellitus Duration 7 yrs.

Due to _____

Due to 59

Other conditions Diabetes 6 mo
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0
(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 _____

Signature W. H. Summers (M. D. or other MS)
Address Springfield Mo. Date signed 1/15/40

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

9
3
6

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

Ogle Stone Jr.

Registered Apprentice No.

232

working under my personal supervision.

Signed

Warren D. Noblett

Licensed Embalmer No.

4005

P. O. Address

Springfield

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.

X