

NEW MAP 14 1940

Registration District No. **22** Primary Registration District No. **5031**

Registrar's No. _____

3

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

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Rural Lincoln
(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) 2
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 65 years (Specify whether years, months or days)

300
8. (a) PRINT FULL NAME Rebecca Jane Hutt

8. (b) If veteran, name war None 8. (c) Social Security No. None

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 15, 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months _____ Days _____ If less than one day hr. _____ min.

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

10. Usual occupation Invalid Blind

11. Industry or business _____

MOTHER FATHER { 12. Name Chas A Hutt
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Graves
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

18. (a) Informant Ray Hutt
(b) Address Blanchard, Iowa.

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

(c) Place: burial or cremation London Cemetery

18. (a) Signature of funeral director Walter Taylor

(b) Address Westboro, Missouri

19. (a) 2-20-1940 (b) A. R. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 0 Near Blanchard, Iowa
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13
year 1940 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Feb. 13
_____ 1940, to Feb. 15, 1940
that I last saw her alive on Feb. 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Substernal & intestinal infarction
Due to Old age
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations no
Of autopsy no

Duration _____
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 G. A. Reuther (M. D. or other) _____
Address Blanchard, Iowa Date signed Feb 16

RECEIVED

District Health Officer No. 11,

District File Number 340-243

Date Filed MAR 13 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 _____

Scott Tucker

Registered Apprentice No. _____

working under my personal supervision.

Signed

Scott Tucker

Licensed Embalmer No. ~~2824~~ 2824

P. O. Address Westboro, Missouri

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.