

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

14448

Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89
 (b) Township Poplar Bluff Primary Registration District No. 5131
 (c) ~~City~~ Poplar Bluff (d) Street No. Hi-way 53 south. 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.

Registered No. 107

2. PRINT FULL NAME

322 Dade Hutchison
 (a) Residence, No. Road # 4 @ Poplar Bluff, Mo. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 28, 1940</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>0</u>	<u>1</u>	<u>12</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Baby</u>			
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation			
12. BIRTHPLACE (CITY OR TOWN) <u>Poplar Bluff, Mo.</u> (STATE OR COUNTRY) <u>O.</u>				
FATHER	13. NAME <u>Register Hutchison</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Kennett, Mo.</u> (STATE OR COUNTRY) <u>O.</u>			
MOTHER	15. MAIDEN NAME <u>LaVerne Odom</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Reno, Arkansas.</u> (STATE OR COUNTRY) <u>1</u>			
17. INFORMANT <u>Register Hutchison</u> (ADDRESS) <u>Poplar Bluff, Missouri</u>				
18. BURIAL, CREMATION, OR REMOVAL <u>Woodlawn Cemetery</u> PLACE <u>Poplar Bluff, Mo.</u> DATE <u>April 12, 1940</u>				
19. FUNERAL DIRECTOR (NAME) <u>Frank Und. Co.</u> (ADDRESS) <u>Poplar Bluff, Mo.</u> <u>89</u>				
20. FILED <u>4/15</u> 19 <u>40</u> <u>Obutinger</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1940 to April 10, 1940
 I last saw him alive on Apr 9, 1940 Death is said to have occurred on the date stated above, at 9:30 a. m.
 The principal cause of death and related causes of importance were as follows:
Measles
epiglottitis
meningitis
epiglottitis
meningitis
 Date of onset

Other contributory causes of importance:
skin eruption
weak reflexes
was described a
similar to scarlet fever
 Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? _____

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) J. Lee Harwell M. D.
 (Address) Poplar Bluff, Mo.

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, *not*

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Scott A. Bohrett

Licensed Embalmer No. *3567*

P. O. Address

Poplar Bluff, 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.