

FILED MAY 13 1940 491
Registration District No. _____

Primary Registration District No. 4298

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lincoln
(b) City or town Troy mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
2
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln
(c) City or town Troy
(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 April, day 23
year 1940 hour 7 minute 45 P.M.
21. I hereby certify that I attended the deceased from Apr. 19, 1940
_____, 19____, to April 23, 1940
that I last saw him alive on Apr. 23, 1940, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Emphysema
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____
Of autopsy _____

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?
440
While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature H.S. Davis (M. D. or other) _____
Address Troy, mo Date signed 4-25-40

3. (a) PRINT FULL NAME CHARLES THOMAS HUTT ³⁰⁰

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Berdie May Hutt 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June 16 1884
(Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Painter

11. Industry or business _____

12. Name Thomas William Hutt

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

14. Maiden name Judith Ann Hawkins

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

16. (a) Informant Berdie May Hutt

(b) Address Troy mo

17. (a) Burial (b) Date thereof April 26, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy Cemetery

18. (a) Signature of funeral director Walsh M. Esby

(b) Address Troy Missouri
19. (a) April 25 40 (b) Mrs. Clara Muck
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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..... *Wayne McBay*
Licensed Embalmer No..... *3586*
P. O. Address..... *Troy 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.