

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 15 1940

State File No.

Registration District No. 508

Primary Registration District No. 5685

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe Rural  
(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 2  
(Specify whether \_\_\_\_\_)

In this community 3 mo.  
years, months or days

3. (a) PRINT FULL NAME Elizabeth A. Hutchison 320

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 Riley Hutchison

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Oct 17 1869  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>6</u>	<u>0</u>	<u>-</u> hr. <u>-</u> min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name John Norris

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

14. Maiden name Anna Skinner

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

16. (a) Informant's own signature Phyllis Gordon

(b) Address Rt 6 Box 596 Phoenix

17. (a) Burial (b) Date thereof Apr 20 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hutchison Cem.

18. (a) Signature of funeral director James J. Gordon

(b) Address Chillicothe Mo.

19. (a) 4-20-40 (b) H. M. Bruce M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Rich Hill Township  
(If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17  
year 1940 hour 6 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from never  
attended her 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw her alive on Oct 1 - 19  
and that death occurred on the date and hour stated above.

Immediate cause of death Distention of heart - sudden

Due to arteriosclerosis

Due to age

Other conditions (include pregnancy within 3 months of death) 95 3

Major findings:  
Of operations \_\_\_\_\_

Of autopsy no

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? 943

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Phyllis Gordon (M. D. or other) \_\_\_\_\_  
Address Chillicothe Mo. Date signed April 14 40

RECEIVED

District Health Officer No. 11,  
District File Number 540-707

Date Filed MAY 9 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

*Donald F. Gordon*

, Registered Apprentice No. 223

working under my personal supervision.

Signed

*James D. Gordon*

Licensed Embalmer No.

1870

P. O. Address

*Lehillicoth, Md.*

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.