

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri Baptist Hospital
(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 HENRY
 (c) City or town Clinton URICH
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location) **NR**
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
 year 1940 hour 6:30 minute _____ M.

21. I hereby certify that I attended the deceased from _____
2/21, 1940 to 5/22, 1940
 that I last saw her alive on 5/22, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Post-operative shock & embolus
 Due to operation for uterine fibroid
 Due to fall on log
 Duration _____

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: _____
Of operations
 Autopsy _____
 Physician T. H. Moore
Underlies the cause to which death should be charged medicinally.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence Oct. 1935
 (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?
Home
(Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature Mrs. J. H. Moore M. D. or other _____
 Address 4939m Oregon Date signed 5/22/40

3. (a) PRINT FULL NAME Fannie Hutson 325

3. (b) If veteran, name war _____ No. _____ 3. (c) Social Security No. None

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

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

7. Birth date of deceased. AUG 15 1888
(Month) (Day) (Year)

8. AGE: Years 51 Months 9 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name VINCE HARRIS

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

14. Maiden name Anna Harrington MOORE

15. Birthplace ST CHARLES COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant A. Loyd Collins

(b) Address 4105 Westminster Pl.

17. (a) Removal (b) Date thereof 5-24-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) MAY 24 1940 (b) _____
(Date received local registrar) (Signature)

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

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

George W. Wilkin

Licensed Embalmer No. 3575

P. O. Address

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.