

Registration District No. 840

Primary Registration District No. 6102

1. PLACE OF DEATH:

(a) County Stoddard  
(b) City or town Rural  
(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 \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME MARTIN BIRD HUTSON  
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 Isabelle Hutson  
6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased May 27 - 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>11</u>	<u>7</u>	hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_  
MOTHER FATHER {  
12. Name Thomas Jackson Hutson  
18. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Riggs  
15. Birthplace Johnson Co. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louis Hutson  
(b) Address Puxico Mo

17. (a) Burial (b) Date thereof May 6 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deepest Creek

18. (a) Signature of funeral director N. J. Phelps  
(b) Address Peplos Bluff Mo

19. (a) 5-8-1940 (b) Deanna Dysart  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard  
(c) City or town Rural  
(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 May day 4  
year 1940 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan 1  
1940, to May 4, 1940  
that I last saw him alive on May 4, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of Brain  
Duration \_\_\_\_\_

Due to High Blood pressure

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? no  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. J. Edwards (M. D. or other) \_\_\_\_\_  
Address Puxico Mo Date signed \_\_\_\_\_

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.

RECEIVED

District Health Officer No.

District File Number 640-100

Date Filed 6/4/40

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**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 M. P. Phelps

Licensed Embalmer No. 3231

P. O. Address Paplar Bluff

**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.**