DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21119

Registration District No. H1 Primary Registration District No. 5062 Registrar's No.

1. PLACE OF DEATH:

(a) County Barton

(b) City or town ~~Liberal~~ (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 (Specify whether years, months or days) In this community 73 years

3. (a) PRINT FULL NAME John William Hutchinson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Raechel Hutchinson

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 10 1863 (Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 25 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER 12. Name Mitchel Hutchinson

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

MOTHER 14. Maiden name Abian Hancock

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

16. (a) Informant's own signature Mrs. G. W. Green

(b) Address Lamar Mo.

Burial 17. (a) Bakers Grove (Burial, cremation, or removal) (b) Date thereof July 7 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Bakers Grove Cemetery

18. (a) Signature of funeral director Konantz Funeral Home

(b) Address Lamar, Mo.

19. (a) July 6th 1940 (Date received local registrar) (b) F. R. Spell M. D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Liberal (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 July day 5th year 1940 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov 6th 1939 Nov 6, 1939, to July 5th, 1940; that I last saw him alive on July 5th, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration ?

Due to Cancer of Prostate

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature F. M. Gabby (M. D. or other) M. D.

Address Liberal Date signed July 6-40

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.

(Licensed Embalmer's Statement on Reverse Side)

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 Carl F. Monantz

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.