

Registration District No. **665**

Primary Registration District No. **4359**

Registrar's No. **34**

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

**1. PLACE OF DEATH:**

(a) County New Madrid Co.  
(b) City or town New Madrid  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Cross Hosp.  
(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 \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County New Madrid  
(c) City or town P.O. Malden Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. east of Malden 1/2 mi  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Charley H. Hutchinson <sup>225</sup>

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

4. Sex M. 5. Color W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pearl 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased June 26 1887  
(Month) (Day) (Year)

8. AGE: Years 52 Months 10 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Newark Ark  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

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

12. Name Perry Hutchinson

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

14. Maiden name Lisha Frost

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

16. (a) Informant Mrs. Pearl Hutchinson  
(b) Address Malden Mo

17. (a) Burial (b) Date thereof 5-14-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Malden

18. (a) Signature of funeral director W. L. Carraig  
(b) Address Malden Mo

19. (a) 5714/1940 (b) [Signature]  
(To receive local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 13  
year 1940 hour 3 minute 50 a.m.

21. I hereby certify that I attended the deceased from Feb 17th  
1940, 19   to May 13th, 1940  
that I last saw him alive on May 12th, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 3 mo

Due to Myocarditis 2 1/2 Mo

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

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

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? \_\_\_\_\_

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

23. Signature S. E. Mitchell (M. D. or other) \_\_\_\_\_  
Address Malden Mo Date signed 5/13/40

Duration  
3 mo  
2 1/2 Mo  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 2

District File Number 740-1224

Date Filed 7/10/40

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. ~~2850~~ 1182

working under my personal supervision.

Signed *H. L. Craig*

Licensed Embalmer No. ....

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.