

FILED AUG 10 1940 85

Primary Registration District No. **1001**

Registrar's No. **747**

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
509 Middleton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 12 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limit, write "RURAL")
(d) Street No. 509 Middleton
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Alvis F. Hutchens

3. (b) If veteran, name war no. 3. (c) Social Security No. 500-07-5554

20. DATE OF DEATH: Month July day 12
year 1940 hour 6 minute 20A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband's~~ wife Elizabeth A. Hutchens 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased April 29 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 12, 1940, to _____, 19____;
that I last saw ~~the~~ the ~~deceased~~ deceased on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Excessive heat # Sun Stroke

8. AGE: Years 65 Months 2 Days 13 If less than one day _____ hr. _____ min.

Due to _____

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

Due to _____

10. Usual occupation Labor

Other conditions none
(Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings:
Of operations _____

12. Name Unknown

Of autopsy none

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

14. Maiden name Unknown

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

16. (a) Informant Elizabeth A Hutchens
(b) Address 509 Middleton

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? _____

17. (a) Burial (b) Date thereof July 15 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery

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

18. (a) Signature of funeral director Roy S. James
(b) Address St. Joseph, Mo.

23. Signature R. W. Tadlock Coroner (M. D. or other) 5
Address King Hill Rd. Date signed 7/12/40

19. (a) July 13 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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, ^{and} Cedric K Jones, Registered Apprentice No. 246, working under my personal supervision.

Signed John H. Hurley
Licensed Embalmer No. 4050⁵
P. O. Address St Joseph Mo.

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.