FILED AUG 21 1940

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25962

Registration District No. 668 Primary Registration District No. 3032 Registrar's No. 228

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

1. PLACE OF DEATH:
(a) County PETTIS. 2
(b) City or town SEDALIA.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MILNER HOTEL
(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) 225

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. Milner Hotel
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME BELLFIELD HUTCHINSON
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE
5. Color or race W.
6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife LISSIE HUTCHINSON
6. (c) Age of husband or wife if alive years
7. Birth date of deceased APRIL (Month) 12 (Day) 1851 (Year)

8. AGE: Years 89 Months 3 Days 0 If less than one day hr. min.

9. Birthplace PETTIS COUNTY (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name W. T. HUTCHINSON
13. Birthplace LOUISVILLE (City, town, or county) KENTUCKY (State or foreign country)
MOTHER
14. Maiden name MARTHA PORTER
15. Birthplace (City, town, or county) VIRGINIA (State or foreign country)
16. (a) Informant Miss Lynn Hutchinson
(b) Address Sedalia
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-15-40 (Month) (Day) (Year)
(c) Place: burial or cremation Salem
18. (a) Signature of funeral director McLaughlin Bros
(b) Address Sedalia
19. (a) 7-15-40 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1940 hour 1045 minute P. M.
21. I hereby certify that I attended the deceased from Nov 1939, to July 12, 1940 that I last saw him alive on July 12, 19 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis (Chronic) Severe year
Due to Senile Changes
Due to —
Other conditions — (Include pregnancy within 3 months of death)
Major findings: Of operations —
Of autopsy —

Duration

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 W. A. Beckmeyer (M. D. or other)
Address Sedalia Mo Date signed 7/15/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-9-40

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. _____, working under my personal supervision.

Signed R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia

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.