

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26412
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 796
 (b) Township 0 Primary Registration District No. 3038 Registered No. 108
 (c) City Marshall (d) Street No. Mo State School St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 325 E. Main St St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF * (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 7 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oak Grove Mo

FATHER 13. NAME Frank Hutchens
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oak Grove Mo

MOTHER 15. MAIDEN NAME Ella Robinson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oak Grove Mo

17. INFORMANT (ADDRESS) Wesley Reed Marshall

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Springs DATE 7-15-40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. D. Steph Oak Grove Mo

20. FILED 7-13-40 Mary Kent Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19... Death is said

I last saw her alive on July 13, 1940 at 90 m.
 The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance: 108

Name of operation Autopsy Date of

What test confirmed diagnosis Smear Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) O. J. M. Jones M. D.

(Address) Mo State School Marshall Mo

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.

THIS IS A PERMANENT RECORD

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 8-12-40

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, 7/14/40

Z. O. Webb

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed Z. O. Webb

Licensed Embalmer No. 2352

P. O. Address Oak Grove, Ill.

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.