DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31289

Registration District No. 22 OCT 23 1940

Primary Registration District No. 3002

Registrar's No. 123

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Mexico, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 324 N. Wade St. (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 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain

(c) City or town Mexico (If outside city or town limits, write "RURAL")

(d) Street No. 324 N. Wade St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Ralph James Hutcherson

3. (b) If veteran, name war None SS-491-05-7325

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 Anna Hutcherson

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased March 4 (Month) 1888 (Day) (Year)

8. AGE: Years 52 Months 6 Days 9 If less than one day ____ hr. ____ min.

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

10. Usual occupation Printer

11. Industry or business

FATHER
12. Name James Hutcherson
13. Birthplace Warren County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Laura Chrismer
15. Birthplace Mexico, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Anne Hutcherson

(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 16, 40 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Carl E. Prentis

(b) Address Mexico, Mo.

19. (a) 9-15-1940 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 13 year 1940 hour 10 minute 50 P.M.

21. I hereby certify that I attended the deceased from Aug 28, 1940, to Sept 12, 1940; that I last saw him alive on Sept 12, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia Massive urinary Extravasation	
Due to Severed Urethra	
Due to Operation for Peri Urethral Abscess in 1928.	
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 John A. Owens (M. D. or other) DO

Address 622 S. Jefferson Date signed 9-15-40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 5-17-39 I X19511

RECEIVED
District Health Officer No. 10
District File Number 10-40-1924
Date Filed OCT 18 1940

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 Earl E. Precht, Registered Apprentice No. ....., working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.