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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31620

Registration District No. 124 Primary Registration District No. 3009 Registrar's No. 317

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Francis Hosp (If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution 5 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape

(c) City or town Randles, Mo (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location)

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

3. (a) PRINT FULL NAME Essie May Hutson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harry Hutson

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Jan. (Month) 9 (Day) 1901 (Year)

8. AGE: Years 39 Months 8 Days 7 If less than one day hr. min.

9. Birthplace Oran (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation House wife 0

11. Industry or business 1

FATHER
12. Name Levi Smith
13. Birthplace Jackson (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Maggie Batson
15. Birthplace Anna (City, town, or county) Ill (State or foreign country)

16. (a) Informant's own signature Harry Hutson

(b) Address Chaffee Mo R3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep. 18, 40 (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Ridge Cape Co, Mo

18. (a) Signature of funeral director Bispling Hoff & Hubbard

(b) Address Chaffee Mo 12

19. (a) 9-17-40 (Date received local registrar) (b) J. M. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 16 year 1940 hour 11:25 minute P. M.

21. I hereby certify that I attended the deceased from 9/12, 1940, to 9/16, 1940 that I last saw her alive on 9/15, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Vascular Cardiac Disease

Due to Nephritis Ch

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 [signature] (M. D. or other) MD

Address Cape Girardeau Mo Date signed 9/17/40

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.