

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.

Registration District No. **272**

Primary Registration District No. **5379**

NOV 5 - 1940

1. PLACE OF DEATH:

(a) County Douglas

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

(c) Name of hospital or institution: _____
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas

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

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

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

3. (a) PRINT FULL NAME Jerry Dean Hutchison

8. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
year 1940 hour 8 minute _____ A. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct. 30 1939
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>1</u>	<u>0</u>	<u>13</u>	_____ hr. _____ min.

Immediate cause of death _____

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

Due to Streptococcus longitarsis

10. Usual occupation _____

Due to _____

MOTHER FATHER

11. Industry or business _____

12. Name Willard Hutchison

13. Birthplace Douglas Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Reba Livingston

15. Birthplace Douglas Co. Mo.
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

16. (a) Informant's own signature Mrs. Willie Hutchison

(b) Address Ava, Mo.

17. (a) Burial (b) Date thereof 11-16-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ava cemetery

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Mo.

19. (a) 11-26 1940 (b) Reba King White
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature M. C. Gentry (M. D. or other) _____

Address Ava, Mo. Date signed 11-21-40

RECEIVED

District Health Officer No. 6,

District File Number 1140-2917

Date Filed DEC 3 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed W. B. Hutchison

Licensed Embalmer No. 3431

P. O. Address Gainesville, 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.