o. 2.
-13-40
17-39
x2

FILED JAN 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42429

Registration District No. 293 Primary Registration District No. 4177 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Pacific
(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 4 years 2
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Pacific
(If outside city or town limits, write "RURAL")
(d) Street No. ✓
(If rural, give location)
0
(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME MARY JANE Hutchinson
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wm M. Hutchinson
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased June (Month) 9 (Day) 1864 (Year)

8. AGE: Years 76 Months 6 Days 6 If less than one day ✓ hr. ✓ min.

9. Birthplace New York
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name J. Shanahan
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Alice Bayley
15. Birthplace Ireland
(City, town, or county) (State or foreign country)
16. (a) Informant Mr. Earl Calvert
(b) Address Pacific, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/40 (Month) (Day) (Year)
(c) Place: burial or cremation Pacific, Mo.
18. (a) Signature of funeral director Geo. E. Shelton
(b) Address Pacific, Mo.
19. (a) Dec 16 1940 (Date received local registrar) (b) Mary Brosa (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15
year 1940 hour 9:45 minute 45 A.M.
21. I hereby certify that I attended the deceased from Oct. 20 1940 to Dec. 15th 1940
that I last saw her alive on Dec. 12th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to Arteriosclerosis
Due to ✓
Other conditions ✓
(Include pregnancy within 3 months of death)
Major findings:
Of operations ✓
Of autopsy ✓

Duration
One
Month
Two
years

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?
While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature Thos. E. Barthing (M. D. or other) M.D.
Address Pacific - Mo. Date signed Dec. 17 1940

(Licensed Embalmer's Statement on Reverse Side)

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 August Bruno Jr, Registered Apprentice No. 261 working under my personal supervision.

Signed Jno L Thiebes

Licensed Embalmer No. 3008

P. O. Address Pacific Mo

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, fact should be so stated above.