

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.

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

42777  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 402  
 (b) Township Amateur Primary Registration District No. 4237 Registered No. 19  
 (c) City Oak Grove Mo Street No. \_\_\_\_\_ St.  
 (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.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. Julia Althea Hutchings  
Oak Grove Mo (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FM 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. V. Hutchings  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6, 1871  
 7. AGE YEARS 69 MONTHS 7 DAYS 6 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, \_\_\_\_\_  
 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) Independence Mo

FATHER 13. NAME John Wright 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Lucy Head 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) L. V. Hutchings Oak Grove Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodland Independence Mo 11-14-40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) G. O. Webb Oak Grove Mo

20. FILED Nov 14, 1940 Mrs. O. H. Mann Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-12 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1930, to Nov 12, 1940  
 I last saw him alive on Nov 11, 1940 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:  
Mitral regurgitation 1939  
920  
 Other contributory causes of importance:  
arteriosclerosis type 1 1910

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? none (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? \_\_\_\_\_  
 If so, specify no  
 (Signed) G. O. Webb, M. D.  
Oak Grove Mo (Address)

RECEIVED

Jackson County Health Dept, I

County File Number.....

Date Filed.....

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..... *R. Bebb*

Licensed Embalmer No. *2359*

P. O. Address *Deerspring 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.