

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 114

1. PLACE OF DEATH:

(a) County. Buchanan

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

(c) Name of hospital or institution: Mo. Meth. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 DAYS
(Specify whether years, months or days)

In this community 68 Years 7Mo. 9Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 611 Angellique
(If rural, give location)

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

3. (a) PRINT FULL NAME HARRY HUTTON

3. (b) If veteran, name war none

3. (c) Social Security None

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Marie

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

7. Birth date of deceased June 17 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 9

If less than one day hr. _____ min. _____

9. Birthplace St. Joseph Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Bricklayer

12. Name Samuel Hutton

13. Birthplace unknown Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Cole

15. Birthplace unknown Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde Branson

(b) Address 1214 Faraon St. Joseph, Mo.

17. (a) Burial (b) Date thereof 1-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director FLEEMAN & SON, INC.

(b) Address St. Joseph, Mo.

19. (a) Jan 28 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26
year 1941 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1-16, 1941, to 1-26, 1941;
that I last saw him alive on 1-26, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral accident

Due to Arteriosclerosis

Due to Hypertension

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

Major findings: _____
Of operations _____

Of autopsy [Signature]

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? 85

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

23. Signature [Signature] (M. D. or other) [Signature]

Address [Address] Date signed 1/28/41

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

11
1
7

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.