

S. No. 2
4-12-40
v. 5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7036

REC'D MAR 17 1941

Registration District No. 334

Primary Registration District No. 5465

Registrar's No. 16

41
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County HARRISON
(b) City or town BETHANY RURAL
(c) Name of hospital or institution:
S. M. HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 WEEKS
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME ERRA EMIL HUTCHISON
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

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

8. AGE: Years 68 Months 7 Days 12 If less than one day hr. _____ min. _____

9. Birthplace HARRISON Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name EDMUND T. HUTCHISON

13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

14. Maiden name AMANDA RAMEY

15. Birthplace DO NOT KNOW
(City, town, or county) (State or foreign country)

16. (a) Informant Doc Brazzell
(b) Address Englewood, Mo.

17. (a) BURIAL (b) Date thereof 2/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MORRIS CHAPEL

18. (a) Signature of funeral director L. M. Hagg
(b) Address Bethany Mo.

19. (a) 2/24/41 (b) R. E. Weadling, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 41
(a) State Missouri (b) County HARRISON
(c) City or town RURAL
(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.? 0 years.

20. DATE OF DEATH: Month Feb day 17
year 1941 hour about 5 minute _____ P. M.

21. I hereby certify that I attended the deceased from Feb 1, 1941, to Feb 11, 1941;
that I last saw h. i. m. alive on Feb 11, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial (hypostatic) pneumonia 4 days

Due to cardiac failure

Due to _____

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

Major findings: Of operations _____ Of autopsy _____

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) _____ (e) Means of injury _____

23. Signature R. E. Weadling (M. D. or other) D
Address Bethany, Mo. Date signed 2-22-41

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.....

Thomson H. Hesse

Licensed Embalmer No..... *2861*

P. O. Address..... *Bethany, 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, fact should be so stated above.