

**FILED MAR 19 1941**

Registration District No. **44**

Primary Registration District No. **3035**

Registrar's No. **19**

1. PLACE OF DEATH:

(a) County **Ray**  
(b) City or town **All of life Richmond**  
(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.  
In this community **all life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Ray**  
(c) City or town **Richmond**  
(d) Street No. **114. Black Dimond St.**  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **Minnie Doliver Hutton**

3. (b) If veteran, name war **No** (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive

7. Birth date of deceased **Feb. 18. 1941**

8. AGE: \* Years \* Months \* Days If less than one day hr. **35** min.

9. Birthplace **Richmond Ray Mo.**

10. Usual occupation **None**

11. Industry or business

12. Name **Cecil Hutton**

13. Birthplace **Henrietta Ray Mo.**

14. Maiden name **Dovie Elliott**

15. Birthplace **Swanrick, Ray, Mo.**

16. (a) Informant **Cecil Hutton Mo.**

(b) Address **Richmond Mo.**

17. (a) **Burial** (b) Date thereof **Feb. 19. 1941**

(c) Place: burial or cremation **Richmond Mo.**

18. (a) Signature of funeral director **E. Thurman**

(b) Address **Richmond Mo.**

19. (a) **Feb. 19-41** (b) **maled jackson**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **18** year **1941** hour **9** minutes **20** P. M.

21. I hereby certify that I attended the deceased from **Feb 18** to **Feb 18**, 19**41** that I last saw her alive on **Feb 18**, 19**41** and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial pneumonia**  
Due to **Long difficult labor**  
**Starvation in uterus**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **19** 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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? **E. E. Jay** (Specify type of place) (e) Means of injury

23. Signature **E. E. Jay** (M. D. or other) **Dr. D**  
Address **Richmond** Date signed **2/18-41**

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 3-12-41

**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 <sup>act</sup>.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2073

P. O. Address. Richmond, Va.

**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.**