

State File No. \_\_\_\_\_

Registration District No. 775

Primary Registration District No. 6020

Registrar's No. 28

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Flat River, Mo.  
(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 \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Mrs. Cynthia Ann Hutchings

3. (c) Social Security No. \_\_\_\_\_

8. (b) If veteran, name war \_\_\_\_\_

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

6. (b) Name of husband or wife Mr. George W. Hutchings 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 17 1852  
(Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Genevieve Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Mr. Hardy Wiggins

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

14. Maiden name Elizabeth Strang

15. Birthplace St. Genevieve County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Taylor Hutchings Son

(b) Address Bonnettsville Mo. Route No. 1

17. (a) Burial (b) Date thereof Feb. 20 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Major's Chapel

18. (a) Signature of funeral director Alvin W. Hood

(b) Address Flat River Mo.

19. (a) Feb. 15 1941 (b) M. W. Hawkins  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois

(c) City or town Bonnettsville Mo.  
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17 year 1941 hour 7 minute 45 M.

21. I hereby certify that I attended the deceased from Feb 5 1941 to Feb 17 1941 that I last saw her alive on Feb 16 1941 and that death occurred on the date and hour stated above.

Immediate cause of death arterial hemorrhage

Due to old age

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? \_\_\_\_\_

(e) While at work? \_\_\_\_\_ (Specify type of place)

(f) Means of injury \_\_\_\_\_

23. Signature A. L. Emmons (M. D. or other) \_\_\_\_\_  
Address Bonnettsville Mo Date signed 2-15-41

Duration 2 wks

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

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**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 Alvin W. Hood (303 Crane St)

Licensed Embalmer No. 2780

P. O. Address Flat River, 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.**