No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14576

Registration District No. 318 | Primary Registration District No. 2001 | Registrar's No. 350

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 774 East Elm
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 774 E. Elm
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Wm. HENRY HUTLER.

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lissie May Hutler

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 27 1862 (Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 27 If less than one day hr. min.

9. Birthplace Unknown New York. (City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business Carpenter

MOTHER
12. Name Unknown
13. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

FATHER
14. Maiden name Unknown
15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Lizzie May Hutler
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 27-1941 (Month) (Day) (Year)
(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director J. W. Klingner Co
(b) Address Springfield, Mo.

19. (a) 4-27-41 (Date received local registrar) (b) W. E. Hawley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1941 hour 2 minute 55 P. M.

21. I hereby certify that I attended the deceased from ....., 19....., to Apr. 24 1941; that I last saw him alive on Apr. 24 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	4 days
Due to Influenza	3 wk
Due to	
Other conditions (Include pregnancy within 3 months of death) chronic prostatitis	

Major findings:
Of operations
Of autopsy

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

23. Signature Arthur D. Krauth M.D. (M. D. or other)
Address 450½ E. Central Date signed 4-25-41

(Licensed Embalmer's Statement on Reverse Side)

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 Roy A. Adams

Licensed Embalmer No. 1763

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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