

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

CHIEF 1111 104
Registration District No. 104

Primary Registration District No. 59/53

Registrar's No. 165

1. PLACE OF DEATH: CALLAWAY
 (a) County CALLAWAY
 (b) City or town RURAL Fulton
 (If outside city or town limits, write "RURAL" and name of township)
six mi. S. of
 (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 _____

2. USUAL RESIDENCE OF DECEASED: 14
 (a) State MISSOURI (b) County CALLAWAY
RURAL
 (If outside city or town limits, write "RURAL")
 (d) Street No. SIX MILES South FULTON
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 10 years.

3. (a) PRINT FULL NAME WALTER Lloyd HUTCHERSON
 (b) If veteran, name war NONE
 (c) Social Security No. NONE

20. DATE OF DEATH: Month 31 day May
 year 1941 hour 4 minute 10 P M.

4. Sex MALE 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife _____
 (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased APR 9 1904
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 30, 1941, to May 31, 1941; that I last saw him alive on May 31, 1941; and that death occurred on the date and hour stated above.
 Immediate cause of death Valvular Heart Disease
 Duration _____

8. AGE: Years 37 Months 1 Days 22
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace BEN BOW MISSOURI
 (City, town, or county) (State or foreign country)

10. Usual occupation INVALID

11. Industry or business _____

MOTHER FATHER
 12. Name Dudley HUTCHERSON
 18. Birthplace MARION Co. MO.
 (City, town, or county) (State or foreign country)
 14. Maiden name Mrs. POYNTER
 15. Birthplace DEWILL IARK
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations ✓
 Of autopsy 2x
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mrs. Dudley Hutcherson
 (b) Address Fulton, Mo.
 17. (a) Burial (b) Date thereof June 2, 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Carmel
 18. (a) Signature of funeral director Ellen G. Mansin
 (b) Address 200 Cent St. Fulton, Mo.
 19. (a) June 9, 1941 (b) R. N. Creve
 (Date received local registrar) (Registrar's signature)

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? 106
 _____ (Specify type of place) _____
 _____ (e) Means of injury _____
 28. Signature Emmerich (M. D. or other) _____
 Address New Glasgow Date signed June 11, 1941

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.....

Glen Y. Maupein

Licensed Embalmer No. *2795*

P. O. Address *Fulton, 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.