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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21357

FILED JUL 11 1941

Registration District No. 126 — Primary Registration District No. 51743 — Registrar's No. 6

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Rural Hubbell Twp. (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 8 days. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100

(c) City or town Chaffee (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.? / years.

3. (a) PRINT FULL NAME Margaret Catherine Hutton

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex female

5. Color or race White

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

6. (b) Name of husband or wife James William Hutton

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

7. Birth date of deceased Dec. (Month) 28 (Day) 1864 (Year)

8. AGE: Years 76 Months 4 Days 13 If less than one day hr. min.

9. Birthplace Davis Co (City, town, or county) / Ky (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Buck Norrington
13. Birthplace Dont Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Guffey
15. Birthplace Dont Know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs C F Wiedman

(b) Address Chaffee Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-13-41 (Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cem Cape Girardeau

18. (a) Signature of funeral director Bisplinghoff & Hubbard

(b) Address Chaffee Mo

19. (a) June 12 1941 (Date received local registrar) (b) Mrs N W Ford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11th year 1941 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1937, 19 , to June 11, 1941 that I last saw her alive on June 11, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	12 hrs
Due to Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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 [signature] (M. D. or other)

Address Chaffee Mo Date signed 6-12-41

(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 Maurice Bespling Eng

Licensed Embalmer No. 3242

P. O. Address Chaffee Mo

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

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