

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

File No. 28694
Registrar's No. 37

Registration District No. 460

Primary Registration District No. 4274

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2
1
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Higginsville 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 Several Years / (Specify whether
years, months or days)

3. (c) PRINT FULL NAME Mrs. Mattie Morgan Hutchason

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, married

6. (b) Name of husband or wife Alonzo Smith 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 25, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 9 mo 1 hr. _____ min.

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph U. Hutchason

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

14. Maiden name Emily Carter Hutchason

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant J. B. Smith

(b) Address Higginsville Mo.

17. (a) July 25, 1941 (b) Date thereof Burial
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Higginsville City Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Higginsville Mo.

19. (a) 9-5-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lafayette 054
(c) City or town Higginsville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 1941
year _____ hour 2:30 A. minute _____ M.

21. I hereby certify that I attended the deceased from Sept. 28,
40 1940 to July 23, 1941

that I last saw her alive on July 23, 1941

and that death occurred on the date and hour stated above.

Immediate cause of death Unemia Duration 30 days

Due to _____

Due to _____

Other conditions Chronic nephritis 2 yrs.
(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? _____

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

23. Signature [Signature] (M. D. or other) 0

Address Higginsville Mo. Date signed July 24, 41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-10-41

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.....

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.