

No. 2  
12-40  
17-39  
X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 24 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

53

28748

State File No. ....

Registration District No. 4477

Primary Registration District No. 4288

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town La Belle  
(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 21 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis

(c) City or town La Belle  
(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 La Fayette Hutcherson

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27  
year 1941 hour 5 minute 30 P. M.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife SALLIE HUTCHERSON

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased June 19 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from at road on  
for 3 years, 1928 to aug 27, 1941  
that I last saw him alive on aug 26, 1941  
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 1 Days 8  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Paralysis  
of arteries and coronary  
of arteries

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

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions g.c.  
(include pregnancy within 3 months of death)

10. Usual occupation Retired

11. Industry or business farmer - banker

12. Name W. L. Hutcherson

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

14. Maiden name Esther Spahr

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

16. (a) Informant Sallie E. Hutcherson

(b) Address La Belle, Missouri

17. (a) Burial (b) Date thereof July 29 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Philadelphia, Mo.

18. (a) Signature of funeral director Thames Hall

(b) Address Evans, Mo.

19. (a) July 29 1941 (b) W. W. Jennings  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

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

23. Signature Dr. J. C. Coates (M.D. or other) MD

Address La Belle Date signed 8 1941

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

006

SEP 18 1941  
OCT 23 1941

NOV 8 1941

OCT 15 1941

RECEIVED

District Health Officer No. 10

District File Number 9-44-175861-2

Date Filed SEP 22 1941

8 1-96  
-178-1  
-1231

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 *Thomas Ball*

Licensed Embalmer No. 1744

P. O. Address *Ewing 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, fact should be so stated above.