

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37825

FILED DEC 10 1941

State File No. _____

Registration District No. 03

Primary Registration District No. 1001

Registrar's No. 1073

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 104 1/4 South 3rd /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 37 Years (Specify whether years, months or days)
In this community 37 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 104 1/4 South 3rd
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8th
year 1941 hour 4 minute 20 P M.
21. I hereby certify that I viewed the deceased on
Nov 8 1941 to _____, 19____;
that I last saw alive _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 day
Due to Angina Pectoris 1 mo.
Due to Senile Debility of 94 yrs

Other conditions (Include pregnancy within 3 months of death)
For the past 30 days the man
Major findings: has been having PHYSICIAN _____
attacks of pain in his left Underline the cause to which death should be charged statistically.
of chest, shortness
of breath and weakness

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 (Coroner)
23. Signature H. A. Mearns (M. D. _____)
Address 404 So 3rd Date signed 11/9/41
St. Joseph

3. (a) PRINT FULL NAME James O. Hutton

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased June 4 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 5 4 hr. min.

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

10. Usual occupation Retired Night Watchman

11. Industry or business Schreiber Mills

12. Name James O Hutton

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

14. Maiden name Unknown

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

16. (a) Informant Frank E. Hutton

(b) Address 2305 Mitchel

17. (a) Burial (b) Date thereof Nov 10, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memoral Park Cemetery

18. (a) Signature of funeral director Therman & Son Inc

(b) Address 1946 Calhoun

19. (a) Nov 10, 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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.....

11-8-41

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Geo E Danne

Licensed Embalmer No.....

3300

P. O. Address.....

St Joseph

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.