

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 198

Primary Registration District No. 3011

Registrar's No. 169

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Excelsior Springs, MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Excelsior Springs Hosp. D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 hours
(Specify whether years, months or days)

In this community 10 hours

3. (a) PRINT FULL NAME Lem Henry Hutton

3. (b) If veteran, name war No

3. (c) Social Security No. 207-10-0702

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife Dora Hutton

6. (c) Age of husband or wife if alive Under 1 year

7. Birth date of deceased Dec 24 1883
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|-----------|-----------|----------------------|
| <u>57</u> | <u>10</u> | <u>30</u> | hr. min. |

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

10. Usual occupation Conductor on

11. Industry or business Chicago-Milwaukee

12. Name John Hutton

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

14. Maiden name unknown

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

16. (a) Informant Samuel E. Hutton

(b) Address 433 Cypress - Kc Mo

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof Nov 28 1941
(Month) (Day) (Year)

(c) Place: burial or cremation not morish

18. (a) Signature of funeral director Mrs. C. T. Korsta

(b) Address 75. E. mo

19. (a) Nov/21/41 (Date received local registrar)

(b) Ma R. McCaskey (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson

(c) City or town Hannas City MO 48
(If outside city or town limits, write "RURAL")

(d) Street No. 126 N White
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19 year 1941 hour 10 minute 15 PM

21. I hereby certify that I attended the deceased from Nov 19 1941 to Nov 19 1941 that I last saw him alive on Nov 19 1941 and that death occurred on the date and hour stated above.

Immediate cause of death traumatism shock

Due to Head & chest injury

Due to accidental injury

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: no operation

Of operations

Of autopsy not done

Duration

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) accident

(b) Date of occurrence Nov 19 - 1941

(c) Where did injury occur? Ex Sp 90 W 4
(City & town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Milwaukee Ry yard
While at work? yes (Specify type of place)

23. Signature E. J. Boyd (M. D. or other)

Address Excelsior Springs Date signed 11-20-41

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

DEC 2 1944

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

Denzel P. Browning

Licensed Embalmer No. *2724*

P. O. Address. *A. C. mo*

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

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38110

Registration District No. 198

Primary Registration District No. 3011

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Clayton Springs
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (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 _____

3. (a) PRINT FULL NAME Lem H. Hutton

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color of race W. 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased Dec 24 1888
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 3 (If less than one day _____ min)

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Day 19 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Lead & Chest injuries

Due to Railway locomotive out of Caboose

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Concussion No 30
Of operations fracture

Of autopsy No autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Nov 19 - 1941

(c) Where did injury occur? Exterior Springs
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, industrial place, in public place?
Industry Rail Road Yard
While at work? Yes (Specify type of place) (e) Means of injury By yard

23. Signature E. Boyd (M. D. or other) _____
Address Exterior Springs _____

SUPPLEMENTARY

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

