S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

35
2
2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

6516

State File No. .....

Registration District No. 288

Primary Registration District No. 4172

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett Tenn.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 70 W. West Clipper St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dunklin 35

(c) City or town Kennett
(If outside city or town limits, write "RURAL")

(d) Street No. 70 W Clipper 2
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Sylvester Hutchison

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Mary Hutchison

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Nov. (Month) 2 (Day) 1874 (Year)

8. AGE: Years 67 Months 2 Days 26 If less than one day ..... hr. ..... min.

9. Birthplace Poplar Bluff (City, town, or county) Mo. (State or foreign country) 1

10. Usual occupation Common Labor

11. Industry or business .....

FATHER
12. Name unown 9
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name 11
15. Birthplace 11 (City, town, or county) ..... (State or foreign country) 9

16. (a) Informant Mary Hutchison
(b) Address Kennett, Mo - 70 W. Clipper

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 29 42 (Month) (Day) (Year)
(c) Place: burial or cremation ~~[illegible]~~ Oak Ridge

18. (a) Signature of funeral director Emerson-Burns
(b) Address Hornersville, Mo.

19. (a) Jan 28/42 (Date received local registrar) (b) ~~[illegible]~~ Julia [illegible] (Registrar's signature)
901

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28 year 1942 hour 4 minute p. M.

21. I hereby certify that I attended the deceased from Jan 29 1942 to 1-28 1942 that I last saw him alive on 1-27-42 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Senile Hypertension — Duration 2 days

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 83a

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 A. W. Presnell (M. D. or other)
Address Kennett Mo Date signed 1/28/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 342-313
Date Filed 3-6-42

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.