

Registration District No. 491

Primary Registration District No. 4298

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Lincoln  
(b) City or town Troy, 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 In this Community  
years, months or days 30-7-23

3. (a) PRINT FULL NAME BIRDIE MAY HUTT

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

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

6. (b) Name of husband or wife Charles Hutt 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 22 1891  
(Month) (Day) (Year)

8. AGE: Years 50 Months 7 Days 23 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Peter S. yester  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Sally Burgess  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Hutt Jr.

(b) Address Troy Mo.

17. (a) Burial (b) Date thereof Feb 17 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy Cemetery

18. (a) Signature of funeral director Wm. McGee

(b) Address Troy Mo.

19. (a) 2-16-42 (b) Miss Hutt  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln  
(c) City or town Troy  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15  
year 1942 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept 4  
1941 to Feb 15 1942  
that I last saw her alive on Feb 15 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Breast and Bowels  
Due to Cancer

Due to \_\_\_\_\_  
Other conditions Cancer of Breast  
(Include pregnancy within 3 months of death)

Major findings: Of operations 50  
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 W. H. Hicks (M. D. or other)  
Address Troy Date signed 2-16-42

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

7  
2  
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**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. *3586*

P. O. Address. *Troy 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, above space should be left blank.**