

FILED APR 13 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 3012

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Colfax  
(b) City or town Liberty  
(c) Name of hospital or institution: Home Cabot Mill St  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: all her life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Colfax  
(c) City or town Liberty  
(d) Street No. 400 East Mill St  
(If rural, give location)  
(e) Citizen of foreign country?  (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Neomia Louisa Hutcherson

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 married

6. (b) Name of husband or wife J. C. Hutcherson 6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased August 6 1873  
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 1 If less than one day hr. min.

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

10. Usual occupation Home keeper

11. Industry or business \_\_\_\_\_

12. Name David F. Southbaton

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

14. Maiden name Emily

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

16. (a) Informant Mrs. J. B. Pojral

(b) Address 333 Arthur Liberty Mo.

17. (a) Burial (b) Date thereof Mar. 8 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funerary Home, Mo.

18. (a) Signature of funeral director Arthur Liberty Mo.

(b) Address Liberty Mo.

19. (a) Mar. 8 1942 (b) Helen Early  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 7 year 1942 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from July 1942 to death 1942  
that I last saw her or alive on Mar 5 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis  
Due to cerebral involvement

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

Other conditions (Include pregnancy within 3 months of death) 97

Major findings: Of operations \_\_\_\_\_

Of autopsy none

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 Thos. H. Gordon (M. D. or other) 0  
Address Liberty Mo. Date signed 3-8-1942

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

426

District Health Officer No. 8,

District File Number.....

Date Filed 4-10-42

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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. 3311

P. O. Address Liberty, 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.**