

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15064

State File No. 33

FILED MAY 1, 1942

Registration District No. 617

Primary Registration District No. 5814

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Rural Van Buren
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 23
(c) City or town Rural Van Buren 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edith Ester Hutchinson

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

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

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

7. Birth date of deceased October - 10 - 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Newton Co. O
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Wallace Cook

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

14. Maiden name Amanda Green

15. Birthplace Newton Co. O
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Hutchinson

(b) Address Pierce City, Mo.

17. (a) Burial (b) Date thereof Mar-14-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berwick cemetery

18. (a) Signature of funeral director Heimeyeris

(b) Address Pierce City, Mo.

19. (a) Mar 14-42 (b) L. W. Greenwood
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1942 hour 11 minute 0 M.

21. I hereby certify that I attended the deceased from Paul
1942 to March 12, 1942
that I last saw her alive on March 12, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Throat 3 months
Duration

Due to _____
Due to _____

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

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature D. A. Bungeher (Date or other) Do

Address Pierce City, Mo. Date signed 3/14/42

1149

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

7300

RECEIVED

District Health Officer No. 6,

District File Number 442-605

Date Filed APR 29 1942

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.....

me
.....
working under my personal supervision.

Registered Apprentice No. _____

Signed *Richard H. Keeney*

Licensed Embalmer No. 3822

P. O. Address *Greenwood, 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.