

FILED AUG 10 1942
266
Registration District No. _____

Primary Registration District No. 4164

33
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Dent

(a) County _____
 (b) City or town RURAL (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 MO (b) County DENT
 (c) City or town RURAL (If outside city or town limits, write "RURAL")
 (d) Street No. NEAR SHARP BEND (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME CORA B. Hutson
 8. (b) If veteran, _____ name war _____ 8. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1942 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from July 10 1942 until July 12 1942
 that I last saw him alive on July 10 1942 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife DAN HUTSON 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased Feb 14 1878
 (Month) (Day) (Year)

Immediate cause of death Mitral Regurgitation
 Duration _____
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations 928
 Of autopsy _____

8. AGE: Years Months Days If less than one day
64 5 1 hr. _____ min.
 9. Birthplace _____ (City, town, or county) _____ (State or foreign country)
 10. Usual occupation AT HOME

MOTHER FATHER
 11. Industry or business _____
 12. Name G.W. MARTIN
 13. Birthplace TENN
 14. Maiden name FANNIE MARTIN
 15. Birthplace TENN

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) _____ (h) Means of injury _____

16. (a) Informant dan Hutson
 (b) Address Salem, Mo
 17. (a) BURIAL (b) Date thereof 7-16-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation COOKSEY CEM.
 18. (a) Signature of funeral director Carl Spencer
 (b) Address Salem, Mo
 19. (a) 7-16-42 (b) Jan D. W. Seal by 11117
 (Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
 Address Salem Mo Date signed 7-16-42

RECEIVED

District Health Officer No. 8

District File No.

742474

Date Filed

8-6-42

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

Wm. W. McDonald

Licensed Embalmer No.

3806

P. O. Address

Salem, 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.