DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30969

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 148

1. PLACE OF DEATH:

(a) County: Nodaway

(b) City or town: Maryville, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether years, months or days)

In this community Near Elmo 60 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Nodaway

(c) City or town: Elmo, Missouri (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. - - - -
(If rural, give location)

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

If yes, name country - - - - - -

74 2 0

3. (a) PRINT FULL NAME: Lincoln J. Hutchinson

3. (b) If veteran, name war - - - -

3. (c) Social Security No. - - - -

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Minnie Hutchinson

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

7. Birth date of deceased: February (Month) 25, (Day) 1865 (Year)

8. AGE: Years 77 Months 7 Days 7 If less than one day hr. - - min.

9. Birthplace: Illinois / (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: None

FATHER 12. Name: Edward S. Hutchinson

13. Birthplace: New York / (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Anna Giltrap

15. Birthplace: New York / (City, town, or county) (State or foreign country)

16. (a) Informant: Orville Hutchinson

(b) Address: Elmo, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-4-42 (Month) (Day) (Year)

(c) Place: burial or cremation: High Prairie Cemetery

18. (a) Signature of funeral director: Price Funeral Home

(b) Address: Maryville - Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 2 year 1942 hour 2 minute A M.

21. I hereby certify that I attended the deceased from June 1, 1942, to Oct 2, 1942, that I last saw h. alive on 10/1, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Chr Endocarditis

Due to: Chr Myocarditis

Due to: Chr Nephritis

Due to: Senility

Other conditions (Include pregnancy within 3 months of death): 131 b

Major findings: Of operations:

Of autopsy:

Duration: 3 ; ; ; ;

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: [illegible] (M. D.)

Address: Maryville Mo Date signed 10/3/42

1268 (Licensed Embalmer's Statement on Reverse Side)

JBD

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. Clem M Price

Licensed Embalmer No. 1822

P. O. Address. Maryville. M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—8-21-41
X29288

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

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1. PLACE OF DEATH:

(a) County: Nodaway

(b) City or town: Maryville
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Lucian J. Hutchinson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: —

6. (b) Name of husband or wife

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

7. Birth date of deceased: Feb 25 (Month) (Day) 1865 (Year)

8. AGE: Years 77 Months 7 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Oct. 5 1942 (Date received local registrar) (b) Mary Coile (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. Day 3 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death	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)

(b) 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 (M. D. or other)

Address Date signed

SUPPLEMENTARY