

FILED NOV 10 1942  
Registration District No. 955

Primary Registration District No. 5579

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Jasper Missouri  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Jasper G. T. Beck Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 1/2 months  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME

William A. Hutton

3. (b) If veteran, name war. No

3. (c) Social Security No. Huttonson

4. Sex Male  
5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Aug 25 1862  
(Month) (Day) (Year)

8. AGE:

Years 78 Months 1 Days 20 hr. \_\_\_\_\_ min. \_\_\_\_\_  
If less than one day

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

10. Usual occupation Machinist

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

MOTHER FATHER

12. Name Robert J. Hutton

13. Birthplace England 4  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Miller

15. Birthplace Mo 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Records

(b) Address \_\_\_\_\_

17. (a) Removal  
(Burial, cremation, or removal)

(b) Date thereof 10-14-42  
(Month) (Day) (Year)

(c) Place: burial or cremation St Joseph Mo

18. (a) Signature of funeral director of Huttonson

(b) Address St Joseph Mo

19. (a) Oct 14 1942  
(Date received local registrar)

(b) Mrs. Lillie Eggle  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pickens  
(c) City or town St Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 616 1/2 So 8th Street  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24  
year 1942 hour 7 minute 20 M.

21. I hereby certify that I attended the deceased from July 28 1942, to Oct 14 1942  
that I last saw him alive on Oct 14 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary and Laryngeal Tuberculosis

Due to Tuberculosis

Other conditions (Include pregnancy within 3 months of death) 13 ft

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

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 1

23. Signature Wm E. Dargatzis (M. D. or other) 10/14/42  
Address 1234 1/2 So 8th St, Mo Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

49  
0  
0

42-10-859

**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 Robert J. Gimple.....

Licensed Embalmer No. 3308.....

P. O. Address St. Joseph, 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.**