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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6540

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 17

1. PLACE OF DEATH:

(a) County Jackson Rural Prairie
(b) City or town ~~Little Blue Mo~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Jackson Co Home for Negroes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yr 3 mo 13 ds. (Specify whether
In this community 2 yr 3 mo 13 ds
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48 3
(c) City or town ~~Little Blue~~ K.C. Mo 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1831 Pasea
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME DELL HUTCHISON

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex MALE

5. Color or race 2 Negro

6. (a) Single, widowed, married, divorced 1 married

6. (b) Name of husband or wife

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

7. Birth date of deceased unknown (Month) (Day) 1876 (Year)

8. AGE: Years about 67 Months Days If less than one day hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation unemployed

11. Industry or business

FATHER
12. Name Dont Know
13. Birthplace Dont Know 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Dont Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant County Home Records
(b) Address Little Blue Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-18-43 (Month) (Day) (Year)
(c) Place: burial or cremation Kirksville Mo

18. (a) Signature of funeral director Filgun & Greenstreet
(b) Address 1819 E. 15th KC Mo

19. (a) Feb. 17, 1943 (Date received local registrar) (b) F. M. Schick by Effie Schick Dy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 13
year 43 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb 5, 1943 to Feb 13, 1943
that I last saw him alive on Feb 13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carolasyse's — Duration 2 yrs

Due to Cerebral Hemorrhage 2 yrs

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 83a

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

23. Signature J. H. Griffin (M. D. or other) M. D.
Address Little Blue Mo Date signed 2-15-43

1162

(Licensed Embalmer's Statement on Reverse Side)

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 Jno. G. Flynn

Licensed Embalmer No. 2211

P. O. Address 1819 & 15th Str.

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.