

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7134

BUREAU OF THE CENSUS
FILED MAR 10 1943

State File No. _____

Registration District No. 252

Primary Registration District No. 15381

Registrar's No. 3

1. PLACE OF DEATH: Nodaway
 (a) County Nodaway
 (b) City or town Hopkins
 (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 40 yrs.
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 72
 (a) State Missouri (b) County Nodaway
 (c) City or town Hopkins
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Andrew Hutcheson
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Hannah 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 28 1849
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 11
 year 1943 hour 10 minute 40 P.M.
 21. I hereby certify that I attended the deceased from Sept 1 1942
~~Sept~~ 19, to Feb 11 1943
 that I last saw him alive on Feb 11 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
93 11 13
 hr. _____ min.

Immediate cause of death
Broncho-pneumonia 4 days
 Due to Bronchitis 4 days
(Influenzale)
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 330
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace Hawkin County Ohio
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer
 11. Industry or business _____
 MOTHER { 12. Name William Hutcheson
 FATHER { 13. Birthplace Unknown Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Keturah Ann Ketchum
 15. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)
 16. (a) Informant Leatha Guthrie
 (b) Address Hopkins Mo.
 17. (a) Burial (b) Date thereof Feb 16, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Clearmont, Mo.
 18. (a) Signature of funeral director Stanley Swanson
 (b) Address Hopkins, Mo.
 19. (a) 1/13/43 (b) W. D. Saylor
 (Date received local registrar) (Registrar's signature)

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 _____
 23. Signature W. D. Saylor (M. D. or other) MD
 Address Hopkins Date signed 1/13/43

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

74
0
0

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.....

myself
....., Registered Apprentice No.
working under my personal supervision

Signed *Stanley Swanson*

Licensed Embalmer No. *3963*

P. O. Address *Hopkins, 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.