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1-9-44  
5-17-39  
1-2-44

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13575

State File No. ....

FILED APR 30 1943

Registration District No. 11

Primary Registration District No. 4024

Registrar's No. 22

1. PLACE OF DEATH:

(a) County: Barry  
(b) City or town: Cassville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: none  
In this community: All of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Barry  
(c) City or town: Cassville  
(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: 0

3. (a) PRINT FULL NAME: Janice Louise Hutchens

3. (b) If veteran, name war: no  
3. (c) Social Security No.: no

4. Sex: female  
5. Color or race: white  
6. (a) Single, widowed, married, divorced, single

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

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

8. AGE: Years Months Days If less than one day  
0 3 25 hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER {  
12. Name: Toney Hutchens  
13. Birthplace: Barry Country, Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name: Ruby Moore  
15. Birthplace: Barry County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Ruby Hutchens  
(b) Address: Cassville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 10th  
(Month) (Day) (Year)

(c) Place: burial or cremation: Washburn Prairie

18. (a) Signature of funeral director: Horine & Culver

(b) Address: Cassville, Mo.

19. (a) Date received local registrar: Mar 8-43 (b) Registrar's signature: Grace Williams

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day: 7th  
year: 1942 hour: 9:30 minute: P. M.

21. I hereby certify that I attended the deceased from Oct 6<sup>th</sup> 1942 to Oct 7 1942  
that I last saw him alive on Oct 7 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: acute gastritis  
Duration: 18 hrs.

Due to ...  
Due to ...  
Other conditions (include pregnancy within 3 months of death):  
Major findings: Of operations:  
Of autopsy:  
11813

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?

While at work? (Specify type of place)  
(e) Means of injury:  
23. Signature: E. E. McDaniel (M.D. or other)  
Address: Cassville, Mo. Date signed: 10/8/42

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

5-1-0

10 07

RECEIVED

District Health Officer No. 6,

District File Number

1143-487

Date Filed

APR 29 1949

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

*Edmond Bennett*

Licensed Embalmer No.

4213

P. O. Address

*Cassville, Missouri*

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.