. S. No. 2
0M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16240

FILED JUN 9 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5075

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hosp.
(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 5 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76

(c) City or town Chamois N.R.
(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 /

3. (a) PRINT FULL NAME Perry Lorenzo Hutchison

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or Race White

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

6. (b) Name of husband or wife Kate Hutchison

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

7. Birth date of deceased 12 (Month) 11 (Day) 1864 (Year)

8. AGE: Years 78 Months 5 Days 18 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER

12. Name James Hutchison

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

14. Maiden name Virginia Vangrever

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

16. (a) Informant R. C. Hutchison

(b) Address 2515 Bellevue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 31 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Chamois Mo.

18. (a) Signature of funeral director Stockrick Funeral Home

(b) Address Chamois Mo.

19. (a) JUN 2 1943 (Date received local registrar) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29 year 1943 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from 5-25-43, 19..., to 5-29-43, 19...; that I last saw him alive on 5-29-43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Cardiac Dilitation	Indefinite
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)

(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 Clarence H. Dunn (M. D. or other)

Address [illegible] Date signed 5/29/43

(Licensed Embalmer's Statement on Reverse Side)

5075

5075

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 Frank Probst, Registered Apprentice No. 339, working under my personal supervision.

Signed William J Hiers

Licensed Embalmer No. 4319

P. O. Address St Louis 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.