

LED AUG 5 1943  
Registration District No. 42

Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan Buchanan

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

(c) Name of hospital or institution: Mercy Hospital Mercy Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days  
(Specify whether years, months or days)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph 2223 South 11th. Street  
(If outside city or town limits, write "RURAL")

(d) Street No. 2223 South 11th  
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULLNAME Carrie Mae Hutson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife William R. Hutson

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased February 19 1874  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>3</u>	<u>28</u>	hr. _____ min.

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

10. Usual occupation Housewife

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

12. Name Martin S. Kerner

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

14. Maiden name Sarah Gordon

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

16. (a) Informant W. R. Hutson

(b) Address 2223 So. 11th. St. St. Joseph, Mo.

17. (a) Burial (b) Date thereof 6 - 19 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Statter Meierhoffer

(b) Address 13th. & Faron St. St. Joseph, Mo.

19. (a) 6-19-43 (b) Rose Helzog  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17  
year 1943 hour 5:15 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from June 12  
1943, to June 17, 1943.

that I last saw her alive on June 17, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Peritonitis Duration \_\_\_\_\_

Due to Ruptured Sanguinous appendix

Due to \_\_\_\_\_

Other conditions 12/1/1  
(Include pregnancy within 3 months of death)

Major findings: Ruptured Sanguinous appendix, Peritonitis

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? \_\_\_\_\_

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

23. Signature [Signature] (M. D. or other) D.O.

Address 823 Faron Date signed 6-17-43

**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 \_\_\_\_\_

*Geo E Daniel*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.**