

No. 2  
-5-42  
17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27580  
State File No. \_\_\_\_\_  
Registrar's No. 119

FILED SEP 14 1943  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3002

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

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:  
415 W. Love St. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: \_\_\_\_\_ (Specify whether \_\_\_\_\_)

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

3. (a) PRINT FULL NAME Raymond Joesph Hutcherson

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 491-05-7600

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Hutcherson

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased July 17, 1891  
(Month) (Day) (Year)

8. AGE: Years 51 Months 1 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Restaurant operator

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

MOTHER FATHER { 12. Name J. A. Hutcherson

{ 13. Birthplace Warren County, Missouri  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Laura Christman

{ 15. Birthplace Warren County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret Hutcherson

(b) Address Mexico, Mo.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 8-19-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Paul E. [unclear]

(b) Address Mexico, Mo.

19. (a) 8/17/43  
(Date received local registrar)

(b) Margaret H. Madie  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14

(c) City or town Auxvasse  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17  
year 1943 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 17, 1943 to Aug 17, 1943  
that I last saw him alive on Aug 16, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion

Due to Arteriosclerosis

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

Other conditions (Includes pregnancy within 3 months of death) 94a

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? \_\_\_\_\_

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

(e) Means of injury \_\_\_\_\_

23. Signature J. Frank Valley (M. D. or other) MD

Address Mexico, Mo. Date signed 8/18/43

10714 (Licensed Embalmer's Statement on Reverse Side)

SEP 17 1943

SEP 21 1943

SEP 24 1943

RECEIVED

District Health Officer No 10

District File Number SEP 4 3 5 3 8

Date Filed

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.....

Earl E. Precht, Registered Apprentice No.....

working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.