DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Upshaw 10992

State File No.

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 254

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: St. John Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Hours (Specify whether In this community 6 Hours years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Greene 999

(c) City or town Rippey (If outside city or town limits, write "RURAL") 13

(d) Street No. (If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Elizabeth S. Hutchins

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 Married

6. (b) Name of husband or wife Charles Hutchins

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

7. Birth date of deceased April (Month) 2, (Day) 1891 (Year)

8. AGE: Years 52 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Unk. (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Samuel S. Powers
13. Birthplace Unk. (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Katherine Gilbert
15. Birthplace Unk. (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Charles Hutchins

(b) Address Rippey, Iowa

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof March 20, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Rippey, Iowa

18. (a) Signature of funeral director HH Lohmeyer

(b) Address Springfield, Mo.

19. (a) 3-18-44 (Date received local registrar) (b) Dr W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 year 1944 hour 6 minute 45 p. M.

21. I hereby certify that I attended the deceased from 3-16-44, 19, to 3-16-44 (for 4 hrs); that I last saw her alive on 3-16-44, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis (With Dilated Heart)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 930

Major findings:
Of operations
Of autopsy Dilated Heart

Duration

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 Paul O. Upshaw, M.D. (M. D. or other)

Address Springfield, Mo. Date signed 3-17-44

(Licensed Embalmer's Statement on Reverse Side)

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

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 L. Dealin Gorman

Licensed Embalmer No. 3177

P.O. Address Springfield M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.