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39  
26390

FILED MAR 27 1944

State File No.

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 232

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'S HOSPITAL**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **GREENE 37**  
(c) City or town **SPRINGFIELD 20**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **834 W. CHASE 6**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **HORACE J. HUTCHISON**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **MARCH** day **9**  
year **1944** hour **1** minute **50 AM**

21. I hereby certify that I attended the deceased from **3-9 1944** to **3-9 1944**  
that I last saw him alive on **3-9 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion**  
Duration

Due to.....  
Due to.....

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

Major findings:  
Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

3. (b) If veteran, name war **NONE** 3. (c) Social Security **#88-16-2982**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **MABEL E. HUTCHISON** 6. (c) Age of husband or wife if alive **Unk.** years **1881**  
7. Birth date of deceased **FEB. 4** (Month) (Day) (Year)

8. AGE: Years **63** Months **1** Days **5** If less than one day hr. min.

9. Birthplace **Canton Kansas** (City, town, or county) (State or foreign country)

10. Usual occupation **Telegraph operator**

11. Industry or business

MOTHER FATHER { 12. Name **George Hutchison**  
13. Birthplace **Unknown Unknown**  
14. Maiden name **Synthia S. Johnson**  
15. Birthplace **Unknown Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mabel Hutchison**

(b) Address **834 W Chase, SPED. MO**

17. (a) **Removal** (b) Date there **March 12, 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bartlett Kansas**

18. (a) Signature of funeral director **J. H. Klingner & Co.**

(b) Address **Springfield Missouri**

19. (a) **3-13-44** (b) **W. G. Haubly**  
(Date received local registrar) (Registrar's signature)

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?.....

23. Signature **Staley** (M. D. or dentist)  
Address **Springfield MO** Date signed **3-13-44**  
(Specify type of place) (e) Means of injury

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

APR 28 1944

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**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.....

*Ogden Stone Jr.*

Licensed Embalmer No. *4176*

P. O. Address *Springfield 7*

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

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