S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21552

FILED JUN 22 1944

Registration District No. 2

Primary Registration District No. 2000

Registrar's No. 498

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: 1307 Meadowmere
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 46 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1307 Meadowmere 6
(If rural, give location)

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

3. (a) PRINT FULL NAME James E. Hutchison

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Emma Hitchison

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

7. Birth date of deceased Sept. (Month) 28, (Day) 1860 (Year)

8. AGE: Years 83 Months 8 Days 14 If less than one day hr. min.

9. Birthplace Washburn (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Retired

11. Industry or business Official Frisco R.R.

FATHER
12. Name William Hutchison
13. Birthplace Unk (City, town, or county) Maryland (State or foreign country)

MOTHER
14. Maiden name Ellen S. Conley
15. Birthplace Unk (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs. Burke Holbrook
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 6-15-44 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1944 hour 4:00 minute p. M.

21. I hereby certify that I attended the deceased from May 1st, 1944, to June 12, 1944
that I last saw him alive on June 1, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	2 hrs.
Chr myocarditis	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93d

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 Robt Vineyard (M. D. or other) MD
Address Springfield, Mo. Date signed 6-14-44

(Licensed Embalmer's Statement on Reverse Side)

JUN 20 1945

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 Walter E. Hamaller

Licensed Embalmer No. 3808

P. O. Address Springfield 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.