. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30522

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 991

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: R.R. Yard, No of Grand Ave (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community about 25 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Buchanan
(c) City or town St Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 2401 No 7th (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LEM-H-HUTTON
3. (b) If veteran, name war NO
3. (c) Social Security No. 708-10-2043
4. Sex Male
5. Color or race Wht
6. (a) Single, widowed, married, divorced Mar.
6. (b) Name of husband or wife Mattie B
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Dec 8 (Month) 1888 (Day) (Year)

8. AGE: Years 55 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Near St Louis MO. (City, town, or county) (State or foreign country)
10. Usual occupation switchman
11. Industry or business Gov. Western R.R.
FATHER
12. Name Lem H Hutton
13. Birthplace MO. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unk
15. Birthplace Unk (City, town, or county) (State or foreign country)
16. (a) Informant Mattie B Hutton
(b) Address St Joseph MO
17. (a) -B- (Burial, cremation, or removal) (b) Date thereof 10-2-44 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cem
18. (a) Signature of funeral director Stone Funeral Home
(b) Address St Joseph MO
19. (a) 10/2/44 (Date received local registrar) (b) Helen I. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29th year 1944 hour 9 minute 30 P M.
21. I hereby certify that I ~~attended~~ viewed the deceased ~~from~~ on Sept 30th, 1944, to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis — Duration 1 day
Due to Chronic Angina Pectoris — 6 mos.
Due to Man died suddenly while walking from a train on which he had been working
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations to the yard office in the railroad yards. He
Of autopsy No. has been having frequent attacks of acute indigestion.

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 H F Mundy (M. D. or other) (Coroner)
Address 404 So 3d Date signed 9/30/44

1517

(Licensed Embalmer's Statement on Reverse Side)

OCT 19 1944

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 John Roy Stoney

Licensed Embalmer No. 2435

P. O. Address St Joseph 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.