

FILED NOV 10 1944

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1102

1. PLACE OF DEATH:

(c) 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: Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 6 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 618 1/2 Edmond
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HAROLD HUTTON

3. (b) If veteran, name war World War 2 3. (c) Social Security No. 497-12-1335

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Pauline Hutton 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased January 6th, 1912
(Month) (Day) (Year)

8. AGE: Years 32 Months 9 Days 24 If less than one day hr. min.

9. Birthplace Blooming Prairie, Minn.
(City, town, or county) (State or foreign country)

10. Usual occupation cab driver

11. Industry or business & Truck driver,

12. Name Henry W. Hutton,

13. Birthplace Unknown, Iowa,
(City, town, or county) (State or foreign country)

14. Maiden name Berdie L. DuBoise

15. Birthplace Mantore Ville, Minnesota,
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Luella Hutton,
4807 Melrose, Los Angeles, Calif.
(b) Address

17. (a) Burial (b) Date of burial 11/3/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Jo. Mem. Park Cem.

18. (a) Signature of funeral director Neato, Bittler & Bowman

(b) Address 319 So. 10th

19. (a) 11/1/44 (b) Harold Hutton
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30
year 1944 hour 8 minute 20P M.

21. I hereby certify that I attended the deceased from 10-30, 1944, to 10-30, 1944.
that I last saw him alive on 10-30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Embolism following surgical excision of ischio rectal abscess

Due to 99:1

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 g

23. Signature J. J. Jewett (M. D. or other) MD
Address St. Joseph, Mo. Date signed 10-31-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

D. N. W. Jackson
Mark Bledy
NOV 16 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 Frank A. Bourne
Licensed Embalmer No. 1710
P. O. Address St. Joseph M

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.