

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 4 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41514

Registration District No. 383

Primary Registration District No. 3039

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Marceline Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 70 years
years, months or days3. (a) PRINT FULL NAME JOHN HUTCHINSON3. (b) If veteran, name war _____ 3. (c) Social Security No. none4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Mary Hutchinson 6. (c) Age of husband or wife if alive 75 years7. Birth date of deceased July 18, 1867
(Month) (Day) (Year)8. AGE: Years 77 Months 5 Days _____ If less than one day hr. _____ min. _____9. Birthplace Rothville Mo
(City, town, or county) (State or foreign country)10. Usual occupation Railroad11. Industry or business Retired12. Name Adam Hutchinson13. Birthplace Dont know
(City, town, or county) (State or foreign country)14. Maiden name Dont know15. Birthplace Dont know
(City, town, or county) (State or foreign country)16. (a) Informant Mary Hutchinson(b) Address Marceline Mo17. (a) Burial (b) Date thereof 12/31/44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt Olivet18. (a) Signature of funeral director James M. Laughlin(b) Address Marceline Mo19. (a) 1/3/45 (b) P. B. Patrick M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58
(c) City or town Marceline 2
(If outside city or town limits, write "RURAL")(d) Street No. 624 S Kansas 1
(If rural, give location)(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31
year 1944 hour 5 minute 25 P.M.21. I hereby certify that I attended the deceased from
Oct. 14 1944 to Dec 31 1944
that I last saw him no alive on Dec 31 1944
and that death occurred on the date and hour stated above.Immediate cause of death Chronic Myocarditis Duration _____Due to Senility

Due to _____

Other conditions 93h
(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:

(c) 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? _____

23. Signature W. Solomon DO (M. D. or other) _____Address Marceline Mo Date signed 1-3-45

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

1350

(Licensed Embalmer's Statement on Reverse Side)

JUN 9 1947

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..... *Dale Bunch*

Licensed Embalmer No. *4088*

P. O. Address *Marceline 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.