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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 13 1945

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 194

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1120 North Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Armstrong Nursing home
(Specify whether home)
In this community 67 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway 74
(c) City or town Maryville 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1120 North main 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lucien Hutchison
(b) If veteran, name war no
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 6
year 1944 hour 2 minute _____ P. M.

4. Sex male
5. Color of race white
6. (a) Single, widowed, married, divorced, single
(b) Name of husband or wife _____
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 28, 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 20 1944 to Dec 6 1944
that I last saw him alive on Dec 4 1944
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>6</u>	<u>8</u>	hr. _____ min.

Immediate cause of death
Myocardial Degeneration

9. Birthplace McDougal Co, Ill.
(City, town, or county) (State or foreign country)

Due to _____
Due to 93d

10. Usual occupation laborer

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

11. Industry or business Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

14. Maiden name _____
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Roy Curman
(b) Address Maryville, Mo.

17. (a) burial (b) Date thereof 12-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo.

19. (a) 12-9-44 (b) Ann Barber
(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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature H. M. Hall (M. D. _____)
Address Maryville Mo. Date signed 12-8-44

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

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1
2

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 W. Price*

Licensed Embalmer No. *3229*

P. O. Address *Maryville 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.