No. 2
—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 1945

Registration District No. 179

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. C522

Primary Registration District No. 4287

Registrar's No.

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Troy Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln

(c) City or town Troy 57
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME ALVIN HUTT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Catherine Hutt

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

7. Birth date of deceased June 13 - 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	7	0	hr. min.

9. Birthplace Troy Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name Thomas Hutt
13. Birthplace Troy 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Judith Holcomb
15. Birthplace Lincoln Co 0
(City, town, or county) (State or foreign country)

16. (a) Informant Catherine Hutt
(b) Address Troy Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Tempe Funeral Home
(b) Address Troy Mo

19. (a) Jan 27 1945 (Date received local registrar) (b) Pauline McGregor (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month January day 13
year 1945 hour 6 minute 8 M.

21. I hereby certify that I attended the deceased from June, 1943, to Jan. 13, 1945
that I last saw him alive on Jan. 13, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 V. E. Althoh (M. D. or other) DO

Address Troy Mo Date signed 1/14/45

1384

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number
Date Filed 3-6-45

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 Marvin Murchang

Licensed Embalmer No. 2461

P. O. Address Wentzville N.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
...—5-43
... I X36930

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. March

Registration District No. 179 Primary Registration District No. 4287 Registrar's No.

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Troy
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Alvin Hutt

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Catherine Hutt

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

7. Birth date of deceased June 13 (Month) (Day) 1883 (Year)

8. AGE: Years 62 Months 7 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) March 8, 1945 (Date received local registrar) (b) Pauline McGregor (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13
year 1945 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , 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	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

0524