

S. No. 2
M-1-4-41
v. 5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **67737**
Registrar's No. **4356**

FILED MAR 24 1945

Registration District No. **239**

Primary Registration District No. **5825**

1. PLACE OF DEATH:

(a) County New Madrid
 (b) City or town 4 mi north of Hudson Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 2 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
 (c) City or town 4 mi N. Hudson Mo
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Kate Hutson
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4
 year 1945 hour 6:05 minute P. M.
 I hereby certify that I attended the deceased from June 10th
 1944 to Feb 4th 1945
 that I last saw her alive on Dec 10th 1945
 and that death occurred on the day and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife George Hutson 6. (c) Age of husband or wife if alive 78 1/2 years
 7. Birth date of deceased Dec 11 1890
(Month) (Day) (Year)

Immediate cause of death myocarditis Duration about 3 yrs
 Due to Arterio Sclerosis 5 yrs

8. AGE: Years 55 Months 6 Days 23
 If less than one day 2 1/2 hr. _____ min.

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: 93A
 Of operations _____
 Of autopsy _____

9. Birthplace Clark Co Tenn
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

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

11. Industry or business Own home
 12. Name Brown
 13. Birthplace Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Doris Brown
 15. Birthplace Doris Brown
(City, town, or county) (State or foreign country)
 16. (a) Informant W. E. Hopper
 (b) Address Hudson Mo

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

17. (a) Burial (b) Date thereof 2/17/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Paragona Mo

23. Signature L. E. Mitchell (M. D. or other) MD
 Address Malden Mo Date signed 2/15/45

18. (a) Signature of funeral director Paragona Mo
 (b) Address _____
 19. (a) Mar 4/45 (b) Mo S. B. Rademaker
(Date received local registrar) (Registrar's signature)

1028

(Licensed Embalmer's Statement on Reverse Side)

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

Copy 1000

RECEIVED

District Health Office No. _____

District File Number 345-148

Date Filed 3/8/45

MAY 7 1945

MAR 20 1945

MAY 31 1945

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.

MAY 31 1945

Signed Leonard John Targo

Licensed Embalmer No. 4336

P. O. Address. Portsmouth, N.H.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of New Madrid SS.

State File No. 6737
Local Registrar's No. 4356

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 26 day of May, 1945, before me appears W. E.
Hopper, who, upon his oath, states that the original record of ~~his~~ death
for Kate Hutsoy died Feb 4, 1945, in the State of
Missouri, and which was filed at Parma on 3-4-, 1945, should be corrected as follows:

Item No. 7 should read Dec 11, 1889

Instead of Dec 11, 1875

Item No. 8 should read 55 yrs - 1 month - 23 days

Instead of 69 years 1 month - 24 days

Item No. 16 should read W. E. Hopper

Instead of W. M. Hopper

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant W. E. Hopper Son
Box 86, Gideon, Mo Relationship.
Present Address.

Subscribed and sworn to before me this 26 day of May, 1945.

My Commission expires July 25, 1947 Ellen DeLisle Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1951