

FILED APR 13 1945

Registration District No. 48

Primary Registration District No. 5173A

Registrar's No. 1

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

1. PLACE OF DEATH:
 (a) County Callaway Summit Twp.
 (b) City or town Callaway City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Block north of Mo. River Bridge
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 25 years
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Callaway
 (c) City or town Callaway City
 (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 Martha Elizabeth Hutinger
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 2nd
 year 1945 hour 7 minute 40 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased: Sept 14 1873
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 4, 1945, to March 27, 1945;
 that I last saw her alive on March 27, 1945;
 and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 6 Days 18 If less than one day
 hr. _____ min. _____

Immediate cause of death Chronic myocarditis Duration _____
Bilateral bronchial pneumonia

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

Due to _____
 Due to _____

10. Usual occupation Homework

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

11. Industry or business at home
 12. Name Jacob Yount
 13. Birthplace Utenoy
 (City, town, or county) (State or foreign country)
 14. Maiden name Ann Todd
 15. Birthplace Utenoy
 (City, town, or county) (State or foreign country)

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

16. (a) Informant L. S. Hutinger
 (b) Address Callaway City

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

17. (a) Burial (b) Date thereof: 4-4-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation at Pleasant

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

18. (a) Signature of funeral director Norma Lewis
 (b) Address 210 Jefferson

23. Signature W. V. McBrally (M. D. or other) M.D.
 Address Jefferson City, Mo. Date signed 4-6-45

19. (a) 4-9-45 (b) Norma Richter
 (Date received local Registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-12-45

NOV 3 1945

MAY 28 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.

Signed

J. H. Miller

Licensed Embalmer No. 3641

P. O. Address pro.

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.