

FILED APR 25 1945

Registration District No. 1516

Primary Registration District No. 2001

Registrar's No. 162

1. PLACE OF DEATH:  
(a) County Jasper  
(b) City or town Jasper  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1601 Memesola  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Jasper  
(c) City or town Jasper  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1601 Memesola  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bedford H. Hutchings  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 7  
year 1945 hour 9 minute 35 P. M.

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, Divorced  
(b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug 27-1908  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 29 1944 to April 7 1945  
that I last saw him alive on March 31 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years 36 Months 7 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death \_\_\_\_\_  
Due to Subeardiosis  
Due to He had been ill for some time previous to my first observation

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

Other conditions (Include pregnancy with or without delivery) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy 131

10. Usual occupation Junge Baking Co  
11. Industry or business \_\_\_\_\_  
12. Name Bed Hutchings  
13. Birthplace Ill  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Rafter  
15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs Wm Jones  
(b) Address 1802 Reul ave  
17. (a) Burial (b) Date thereof 4-11-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Wice Cem Fairview 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? \_\_\_\_\_

18. (a) Signature of funeral director Hambel Dillon  
(b) Address 4th & Wall St  
19. (a) 4-11-45 (b) Arthur S. Hutchings  
(Date received local registrar) (Registrar's signature)

23. Signature 408 1/2 W. 1st St (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_

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

per Myers

19  
2  
5

1204

45-4-313

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 Paul A. Hornhill

Licensed Embalmer No. 3590

P. O. Address Josephine 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.