No. 2
1—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1945

Registration District No. 1 80

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. ~~5672~~ 4301

State File No. 17375

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Meadville Parson Ck Twp
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community Since 1914

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

(c) City or town Meadville, Rural
(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 Mary Katherine Hutchinson

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Robert M Hutchinson

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased July (Month) 4 (Day) 1867 (Year)

8. AGE: Years 77 Months 9 Days 27 If less than one day hr. min.

9. Birthplace Washington Co (City, town, or county) Penn (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Cyrus Wells
13. Birthplace (City, town, or county) Do not know (State or foreign country)

MOTHER
14. Maiden name Mary Buchanan
15. Birthplace (City, town, or county) Do not know (State or foreign country)

16. (a) Informant Mrs. Wayne Sallee
(b) Address Meadville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/3/45 (Month) (Day) (Year)
(c) Place: burial or cremation Meadville cemetery

18. (a) Signature of funeral director Smiley Funeral Home
(b) Address Wheeling Mo

19. (a) 5-2-45 (Date received local registrar) (b) Mrs. Viria Rowland (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 1 year 1945 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from 4-1-45, 19..., to 5-1-, 1945; that I last saw her alive on 5-1, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
arteria sclerosis	
Hypertension	
Senility	
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 S. H. Hanson (M. D. or other) D.O.

Address Meadville Mo Date signed 5-2-45

454 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number
Date Filed

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 self, Registered Apprentice No. , working under my personal supervision.

Signed Frank L. Smiley

Licensed Embalmer No. 470

P. O. Address Wheeling 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.