

FILED DEC 8 1945
Registration District No. 517

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Rural Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Vincent's Sanitarium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
In this community 7 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln 57
(c) City or town Old Monroe 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS Lula Hutton

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced W 7
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JAN. 28 1880
(Month) (Day) (Year)

8. AGE: Years 65 Months 11 Days 3 If less than one day hr. _____ min. _____

9. Birthplace Lincoln Co. Mo. 11
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Mr. William Jameson
13. Birthplace Lincoln Co. Mo. 11
(City, town, or county) (State or foreign country)
14. Maiden name Laura Pierce
15. Birthplace Lincoln Co. Mo. 11
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Hutton
(b) Address 2737 Harry's Lane

17. (a) Burial (b) Date thereof 12-6-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Troy Mo

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

19. (a) 12-3-45 (b) E. J. Anderson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 3
year 1945 hour 3 minute 25 A.M.

21. I hereby certify that I attended the deceased from 11/26/45 19... to 12/3/45 19...;
that I last saw her alive on 12/1/45 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 5 days
108

Due to Cerebral Artero-sclerosis 30-40
Hemorrhage

Due to Hypertension & Cardio-vascular disease

Other conditions g.i.
(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? _____ (Specify type of place)
(Specify means of injury) _____ (Specify means of injury)

23. Signature Ralph B. Burt (M. D. or other) md
Address 634 N. D. Blvd. Date signed 12-3-45

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

DEC 19 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 Howard P. Rowland

Licensed Embalmer No. 3114

P. O. Address Therius & Mrs

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.