

S. No. 2  
M-5-43  
7-5-17-39  
I X36671

**FILED FEB 7 1946**

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
909 S. HARRISON  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 66 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL") 6  
(d) Street No. 909 S. Harrison 4  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Martha McCartney Hutchison

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 Widow

6. (b) Name of husband or wife Alfred J. Hutchison  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 1 1857  
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>88</u>	<u>3</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Hendrysburg, Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business \_\_\_\_\_

12. Name Christopher C. Shaffer

13. Birthplace Pa.  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ellen Heaney  
(City, town, or county) (State or foreign country)

15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chas T. Plumlee  
(b) Address 816 W Sixth St.

17. (a) burial (b) Date thereof 1-28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cem

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 1-30-46 (b) A. O. Campbell  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1-26 day 26  
year 1946 hour 2:45 minute 9 M.

21. I hereby certify that I attended the deceased from April  
1948 to 1-26, 1946  
that I last saw her alive on 1-26, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death  
chronic myocarditis  
myocarditis degeneration  
Due to \_\_\_\_\_

Duration

2 3/4

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? \_\_\_\_\_

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

23. Signature W. E. Bess (M. D. or other) MD.

Address Sedalia Mo. Date signed 1-28-46

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

1760

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-6-41

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

*K.P.M. Crary*

Licensed Embalmer No.

*3153*

P. O. Address

*Debalie 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.