

FILED MAY 14 1946

Registration District No. _____

Primary Registration District No. **5378**

Registrar's No. **31**

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town King City Mo. R.R.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County DeKalb **32**
(c) City or town King City R.R. **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____ (If rural, give location) **0**
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ida Caroline Hutton.

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

4. Sex Female 5. Color or race Cau 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Charles P. Hutton. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 7, 1866
(Month) (Day) (Year)

8. AGE: 79 Years 13 Months 9 Days If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business same

12. Name Isban Cowin.

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

14. Maiden name Mary Trotter

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

16. (a) Informant Albert C. Hutton.

(b) Address King City Mo. R.R.

17. (a) Burial (b) Date thereof 3.24. 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King City Mo.

18. (a) Signature of funeral director R. G. Staggart

(b) Address King City Mo.

19. (a) 4-5-46 (b) Roscoe Sampson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1946 hour 10:50 minute A. M.

21. I hereby certify that I attended the deceased from June 1, 1946 to March 20, 1946
that I last saw him alive on March 20, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Liver Duration 6 months

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations U. 6/8

Of autopsy _____

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 E. M. Reynolds (M. D. or other)
Address Union Star Mo Date signed 3-21-46

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

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

11000

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

R. G. Peggart

Licensed Embalmer No. 2563

P. O. Address... King City 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.