S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16507

State File No.

FILED JUN 5 1946

Registration District No. 14 Primary Registration District No. 5551 Registrar's No. 44

1. PLACE OF DEATH:
(a) County Howell
(b) City or town ~~West Plains~~ "RURAL"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
HOWELL TWP.
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Howell 46
(c) City or town ~~West Plains~~ "RURAL" 0
(If outside city or town limits, write "RURAL")
(d) Street No. Howell Twp. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Isaac L. Hutchens
3. (b) If veteran, name war ✓
3. (c) Social Security No. 561-05-6012
4. Sex M
5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Dorothy Hutchens
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased 8 - 13 - 1887 (Month) (Day) (Year)
8. AGE: Years 58 Months 7 Days 0 If less than one day hr. min.
9. Birthplace N. Carolina (City, town, or county) (State or foreign country)
10. Usual occupation Machinist
11. Industry or business
FATHER 12. Name Columbus Hutchens
13. Birthplace N. Carolina (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Ruth Hengehaus
15. Birthplace N. Carolina (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Dorothy Hutchens
(b) Address West Plains, Mo.
17. (a) B. (Burial, cremation, or removal) (b) Date thereof 3-17-46 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Lawn
18. (a) Signature of funeral director Robertson
(b) Address West Plains, Mo.
19. (a) April 6, 1946 (Date received local registrar) (b) Gladys Harrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 13 year 1946 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Haemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Sudden death	
Major findings: Of operations	
Of autopsy: Yes	

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 Mayme C. Thornburgh Coroner (M.D. or other)
Address West Plains, Mo. Date signed 3/19/46

125

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 646353
Date Filed 6-1-46

JAN 29 1948

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 Dorothy D Roberts

Licensed Embalmer No. 3432

P. O. Address West Plains 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.