. S. No. 2
M—9-4-41
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17196

FILED MAY 17 1946

Registration District No. 1 72

Primary Registration District No. 5-6-5-4-4278

Registrar's No. 21

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

1. PLACE OF DEATH:
(a) County Lawrence
(b) City or town Miller Lincoln
(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 Native
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lawrence 55
(c) City or town Miller R.R. 0
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ 0
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME Pernie Hutcheson
3. (b) If veteran, name war ✓
3. (c) Social Security No. None

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased 3 (Month) 28 (Day) 1872 (Year)

8. AGE: Years 74 Months 0 Days 21 If less than one day ___ hr. ___ min.

9. Birthplace Lawrence Co. (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Farm wife
11. Industry or business
FATHER
12. Name John Hays
13. Birthplace Dade Co. (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Emily Davis
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Connest Hutcheson
(b) Address Miller Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Pheasant Grove
18. (a) Signature of funeral director Monroe-Leiman
(b) Address Miller Mo.
19. (a) (Date received local registrar) (b) W. S. Burney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 19 year 1946 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 11, 1945, to April 18, 1946 that I last saw her alive on April 18, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Degeneration	
Due to Cerebral Embolus	
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 2

23. Signature Stanley J. Heyward (~~M. Director~~) D.O.
Address Mt. Vernon, Mo. Date signed 4/23/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 546-585
Date Filed MAY 15 1946

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 E. R. Leeman

Licensed Embalmer No. 3297

P. O. Address Miller 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.