

No. 2  
OM-5-43  
v. 5-17-39  
I X36671

**FILED** MAY 17 1946  
Registration District No. **3183**

Primary Registration District No. **5655**

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

**1. PLACE OF DEATH:**  
 (a) County Lawrence  
 (b) City or town Mt. Vernon Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 103 days  
(Specify whether years, months or days)  
 In this community 103 days

**3. (a) PRINT FULL NAME** Marion Franklin Hutchison  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. 497.164.750

4. Sex male  
 5. Color or race white  
 6. (a) Single, widowed, married, divorced Divorced  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Feb. 23 1886  
(Month) (Day) (Year)

**8. AGE:** Years 60 Months 1 Days 28  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Thayer Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_  
**MOTHER FATHER** {  
 12. Name W. K. Hutchison  
 13. Birthplace Zanesville Ohio  
(City, town, or county) (State or foreign country)  
 14. Maiden name Sophie Strand  
 15. Birthplace Zanesville Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk  
 (b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) ~~removal~~ (b) Date thereof 4-23-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Sikeston Mo.

18. (a) Signature of funeral director John Ellerton  
 (b) Address \_\_\_\_\_  
 19. (a) 4-29-46 (b) ER Philbrick  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Scott  
 (c) City or town Sikeston  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month April day 21  
 year 1946 hour 5:30 minute A M.

21. I hereby certify that I attended the deceased from Jan. 9th 1946 to Apr. 21 1946  
 that I last saw him alive on Apr. 21 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Abt. 1 yr.  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions Osteomyelitis left leg Unknown  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy 13/4  
 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)  
 (c) Means of injury 0  
 23. Signature P. A. Brader M.D. (M. D. or other) \_\_\_\_\_  
 Address Mt. Vernon, Mo. Date signed 4-21-46

RECEIVED

District Health Officer No. 6;

District File Number 546-554

Date Filed MAY 15 1946

MAY 29 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 John Clenton

Licensed Embalmer No. 2941

P. O. Address Spenton, 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.