V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20692

FILED JUN 20 1946

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 160

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Fairmount Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
120 So. Huttig /
(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 one year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Fairmount Rural 1
(If outside city or town limits, write "RURAL")

(d) Street No. 120 So. Huttig 0
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Robert A. Hutchens

3. (b) If veteran, name war No

3. (c) Social Security No. ____

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Olive J. Hutchens

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased May 18, 1881 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	11	12	hr. ____ min.

9. Birthplace Hicks Co. Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Ticket Agent & Telegraph Opr.

11. Industry or business Chicago & Alton R. R.

FATHER
12. Name John L. Hutchens
13. Birthplace North Carolina /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary E. Olkham
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Olive J. Hutchens
(b) Address 120 So Huttig, Kansas City

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-4-46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director George Carson
(b) Address Independence Mo.

19. (a) May 14 1946 (Date received local registrar) (b) [signature] (Registrar's signature)

354

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1946 hour 4 minute 55 P.M.

21. I hereby certify that I attended the deceased from July 6, 1945 to April 30, 1946 that I last saw him alive on April 30 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-vascular-renal disease - C. Cardiac decompensation and	1 year
Due to: anuria	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations no operation
Of autopsy no 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

23. Signature C H Allen M.D. (M. D. or other)
Address Independence Mo. Date signed 5-2-46

(Licensed Embalmer's Statement on Reverse Side)

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 F. D. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.