

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

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29927
Registrar's No. 170

Registration District No. 107 Primary Registration District No. 3019

5
2
2
28763
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community Life time
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Kennett
(d) Street No. 101 High School Bldg.
(e) Citizen of foreign country? No
If yes, name country _____

3. (a) PRINT FULL NAME Sarah Delano Hutchens
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 14
year 1946 hour 12:15 minute P. M.
21. I hereby certify that I attended the deceased from 13 Sept
1946, to 14 Sept 1946
that I last saw h/o 30 alive on 14 Sept
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced 2
(b) Name of husband or wife Joseph Thomas Smith
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased: December 31 1871
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage
Due to Arterio-sclerosis
Senescent
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
74 8 13 hr. _____ min.

Major findings: Of operations _____
Of autopsy not
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Nesbit Missouri
10. Usual occupation Housewife
11. Industry or business Home
12. Name John Turner
13. Birthplace Ripley County TENN
14. Maiden name Agaline Jones
15. Birthplace Ripley Co. Tenn

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? _____
(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 1
23. Signature James L. Coffey (M. D. or other)
Address Kennett, Mo Date signed 16 Sept 46

16. (a) Informant Mrs. Lula Hutchens Smith
(b) Address Kennett, Mo
17. (a) Burial (b) Date thereof 9-16-1946
(c) Place: burial or cremation Oak Ridge
18. (a) Signature of funeral director Paul Saltsman
(b) Address Kennett, Mo
19. (a) 9-20-1946 (b) Carl Husband
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

90

RECEIVED

District Health Office No. 2,

District File Number 946-1146

Date Filed 9-24-46

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.....

Alfred F. Leonard

Registered Apprentice No. 415

working under my personal supervision.

Signed *Balman*

Licensed Embalmer No. 2556-

P. O. Address Kennett, 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.