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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 14 1947

UNITED STATES BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

17075

Registration District No. 120

Primary Registration District No. 5444

State File No.

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Gentry

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

(c) Name of hospital or institution:  
County Home  
(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) Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry

(c) City or town Rural Howard Township  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Hutchison

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>X</u>	<u>X</u>	hr. _____ min. _____

9. Birthplace Unknown  
(City, town, or county) (State or foreign country)

10. Usual occupation farm laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown n  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant John Huss

(b) Address Albany Mo

17. (a) Burial (b) Date thereof 5/20/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miller

18. (a) Signature of funeral director Edifford Brooke

(b) Address Albany, Missouri

19. (a) June 3-1947 (b) Harvey N. Thibault  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1947 hour 3 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from July, 1946, to May 15, 1947, that I last saw him alive on May 15, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Osteomyelosis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations H2O  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature J. P. Gray (M. D. or other) \_\_\_\_\_  
Address Albany, Mo Date signed 5-26-47

Duration

1 yr.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

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**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *Leiford Brooks*  
.....  
Licensed Embalmer No. 3329  
.....  
P. O. Address Albany, Missouri  
.....

**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.**