

Registration District No. 251

Primary Registration District No. 4387

Registrar's No. 1217

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Hopkins
(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 29 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Nodaway 74
(c) City or town Hopkins
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elmer Twyman Hutcherson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May, day 24th, year 1947 hour 6 minute 45 AM

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alma Hutcherson 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased May 20 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 20, 1947 to May 24, 1947 that I last saw him alive on May 20 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>0</u>	<u>4</u>	hr. _____ min. _____

Immediate cause of death
Pulmonary embolism
Due to Myocarditis

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

Due to Influenza

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business _____
12. Name Elmer Hutcherson
13. Birthplace Unknown Va.
14. Maiden name Mary Alice Carpenter
15. Birthplace Unknown Va.

Major findings:
Of operations 9/24
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Alma Hutcherson
(b) Address Hopkins Mo.
17. (a) Burial (b) Date thereof May 26, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Hopkins Mo.

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? _____

18. (a) Signature of funeral director Stanley Swanson
(b) Address Hopkins Mo.
19. (a) 6/2/47 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature [Signature] (M. D. of _____)
Address Hopkins Date signed 5/26/47

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

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.
myself
working under my personal supervision.

Signed *Stanley Swanson*.....

Licensed Embalmer No. *3963*.....

P. O. Address *Hopkins, 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.