. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23842

Registration District No. 104 Primary Registration District No. 4176 Registrar's No. 23

1. PLACE OF DEATH:
(a) County: Dunklin
(b) City or town: Malden (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 412 S. Edward St. (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: 22 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Dunklin
(c) City or town: Malden (If outside city or town limits, write "RURAL")
(d) Street No.: 412 S. Edward St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Pearl Ethyl Hutchison
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: August (Month) 10 (Day) 1898 (Year)
8. AGE: Years 48 Months 10 Days 27 If less than one day ____ hr. ____ min.
9. Birthplace: Unknown (City, town, or county) Ark. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: Above
12. Name (Father): Jeff Estes
13. Birthplace (Father): Unknown (City, town, or county) ____ (State or foreign country)
14. Maiden name (Mother): Unknown
15. Birthplace (Mother): unknown (City, town, or county) ____ (State or foreign country)
16. (a) Informant: Bly Hutchison
(b) Address: Malden, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Cemetery
18. (a) Signature of funeral director: Day Funeral Home
(b) Address: Malden, Missouri
19. (a) 7/12/47 (Date received local registrar) (b) J. G. Schaumon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th year 1947 hour 11 minute 45 A.M.
21. I hereby certify that I attended the deceased from April 8th 1947, to July 7th 1947, that I last saw her alive on July 7th 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcenoma Right Mamary gland	2 yrs
Due to:	
Due to: Metastasis Medastinum and Liver	6 mo
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operation: Geraldine Bernard Hospital St Louis Mo
Of autopsy: April 1947

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: S. E. Mitchell (M. D. or other)
Address: Malden Mo Date signed: 7/8/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 747-976
Date Filed 7-14-47

JUL 24 1947

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.....

Licensed Embalmer No.....

P. O. Address.....

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.