

P. No. 2  
M-5-43  
5-17-39  
1 X3667

FILED NOV 18 1947

Registration District No. **227**  
Primary Registration District No. **5806**

Registrar's No. **55**

1. PLACE OF DEATH:

(a) County **MONROE**

(b) City or town **SO. FORK TWP**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**4 MI. S. OF SANTA FE 1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community **36 YRS.**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **MONROE 69**

(c) City or town **RURAL**  
(If outside city or town limits, write "RURAL")

(d) Street No. **4 MI. S. OF SANTA FE**  
(If rural, give location)

(e) Citizen of foreign country? **NO.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **ALROY WILLIE HUTCHEN**

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

4. Sex **MALE** 2 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **WILLIE HUTCHEN** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **JULY 24 1877**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV** day **3** year **1947** hour **7** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **7-1-47** to **11-3-47** that I last saw h. l. m. alive on **11-2-47** and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

**70 3 7** hr. min.

Immediate cause of death: **Chronic myocarditis with myocardial failure**

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

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

9. Birthplace **MONROE CO., MO.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **None**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

11. Industry or business

12. Name **ANDY HUTCHEN**

13. Birthplace **N.K.**  
(City, town, or county) (State or foreign country)

14. Maiden name **SALLIE GALBRETH**

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

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?

16. (a) Informant **MRS. WILLIE HUTCHEN**

(b) Address **MOLINO, MO.**

17. (a) **BURIAL** (b) Date thereof **NOV 5 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SANTA FE, MO.**

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature **J. A. Barnett** (M. D. or other) **MD**

Address **Paris, Mo.** Date signed **11-3-47**

18. (a) Signature of funeral director **Speed Blakey**

(b) Address **PARIS, MO.**

19. (a) **11-3-47** (b) **Elbert Baker M.D.**  
(Date received local registrar) (Registrar's signature)

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

RECEIVED  
District Health Officer No. 11  
District File Number 11-47-1567  
NOV 17 1947  
Date Filed

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..... *E. H. Agnew* .....

Licensed Embalmer No. *4000* .....

P. O. Address..... *PARIS, 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.