

S. No. 2  
M-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JAN 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41289

State File No. \_\_\_\_\_

Registration District No. 10

Primary Registration District No. 5408

Registrar's No. 73

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

1. PLACE OF DEATH:

(a) County Douglas  
(b) City or town Coldspring, rural, McMurtrey  
(If outside city or town limits, write "RURAL" and name of township)  
(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 \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME James Weaver Hutchison

3. (b) If veteran, name war No  
3. (c) Social Security No. None

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

6. (b) Name of husband or wife Myrtle McNealy Hutchison  
6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased September 2, 1880  
(Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 22  
If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name Tom Hutchison

13. Birthplace Bolivar, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Becca Ann Upshaw  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Vera R. Ruffman

(b) Address Perry mo

17. (a) Burial (b) Date thereof 11-29-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Denlow

18. (a) Signature of funeral director Clinkingbeard, Funeral Home

(b) Address Ava, Missouri

19. (a) Dec 18-47 (b) Vestal Bushman  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas  
(c) City or town Coldspring Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24  
year 1947 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death: Died suddenly, Heart attack

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

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

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

Major findings: Of operations \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature C.V. Clinkingbeard (M. D. or other) \_\_\_\_\_  
Address Ava, mo Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Signed..... *W.B. Hutcherson* .....

Licensed Embalmer No. *3437* .....

P. O. Address..... *One Two* .....

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.