

FILED FEB 5 1948
Registration District No. 221

Primary Registration District No. 4200

Registrar's No. 16

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Asht Grove City
(c) Name of hospital or institution: Residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Native years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 29
(c) City or town Asht Grove 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Andrew Jefferson Hutson
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 1 day 28
year 1948 hour 2 minute 1 M.
21. I hereby certify that I attended the deceased from Jan 10
1948, to Jan 28, 1948
that I last saw him alive on Jan 26, 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Hutson 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased: 6-3-1875
(Month) (Day) (Year)

Immediate cause of death
General Paralysis Duration 1 wk
Due to Cerebral Hemorrhage 15 days
Due to Chronic Valvular Heart Disease 5 yrs.
Other conditions Hypertension max
(Include pregnancy within 3 months of death)

8. AGE: Years 72 Months 7 Days 25 If less than one day _____ hr. _____ min.
9. Birthplace: Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation Retired Farmer

Major findings:
Of operations _____
Of autopsy 978
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name Andrew J. Hutson
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Mary
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mary Hutson
(b) Address Asht Grove Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/30/48
(Month) (Day) (Year)
(c) Place: burial or cremation John's Chapel
18. (a) Signature of funeral director John's - Union
(b) Address Asht Grove Mo.
19. (a) 1/30/48 (Date received local registrar) (b) Drew H. Wilson (Registrar's signature) 1/27

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 0
23. Signature Dr. Charles F. ... (M. D. or other) MD.
Address Asht Grove Mo. Date signed 1-29-48

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

39
1
0

County File No. 48-2-14
Date Filed 2-7-48

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 L. R. Leiman
Licensed Embalmer No. 3297
P. O. Address Miller 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.