

No. 300
-10-47
5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 896
Registrar's No. 29

Registration District No. 1399

Primary Registration District No. 3823

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

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Clinton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
~~General Hospital~~ General Hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community all his life
 years, months or days

3. (a) PRINT FULL NAME EARL, N. HUTCHERSON
 3. (b) If veteran, name war World War 2
 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 Eva Hutcherson 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased 3-17-1890
 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>10</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace Henry Co. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Veteran

MOTHER FATHER

11. Industry or business _____
 12. Name Edward Hutcherson
 13. Birthplace Ill
 (City, town, or county) (State or foreign country)
 14. Maiden name Laura Whittier
 15. Birthplace Henry Co. Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mary Bennett
 (b) Address Clinton Mo
 17. (a) Burial (b) Date thereof 1-26-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem
 18. (a) Signature of funeral director Conrad Beck
 (b) Address Clinton Mo
 19. (a) 1-26-48 (b) R. B. Remy
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
 (c) City or town Clinton 1
 (If outside city or town limits, write "RURAL")
 Street No. 308 E Ohio St 2
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
 year 1948 hour 11 minute 30 P. M.
 21. I hereby certify that I attended the deceased from Jan 24, 1948 to Jan 24, 1948
 that I last saw him alive on Jan 24, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Car accident in which he was
thrown against the steering
 Due to wheel causing a fracture
of ribs which pierced his
 Due to lungs causing him to
hemorrhage into lungs
 Other conditions _____ (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy no
 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) accident
 (b) Date of occurrence 1/24/48
 (c) Where did injury occur? Clinton Henry Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Hi 13. 2 mi south of Clinton Mo
 (Specify type of place)
 While at work? no (e) Means of injury Car
 23. Signified by R. P. Halling (M. D. or other)
 Address Clinton Mo Date signed 1/24/48

call with other M.D. present

FEB 26 1948
APR 6 1948

FEB 18 1948

RECEIVED
District Health Officer No. 7,
District File Number 1-48-14
Date Filed 2-3-48

FEB 6 1948
NIA

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 R R Kenney
Licensed Embalmer No. 3999
P. O. Address Clinton 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.