S. No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1682

State File No. _____

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. # 152

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Marceline
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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 55 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58

(c) City or town Marceline 2
(If outside city or town limits, write "RURAL")

(d) Street No. 624 S. Kansas 1
(If rural, give location)

(e) Citizen of foreign country? ✓ No (Yes or No) 0

If yes, name country ✓

3. (a) PRINT FULL NAME Mary Jane Hutchinson

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female 3

5. Color or race negro

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife John Hutchinson

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May (Month) 9 (Day) 1866 (Year)

8. AGE: Years 81 Months 8 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Linneus (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jackson Brown 9
13. Birthplace unknown (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Marinda Brown
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs Nola Mae Dawson
(b) Address 1112 Locust Topeka Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 23 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet

18. (a) Signature of funeral director James McLaughlin
(b) Address Marceline Mo

19. (a) 1-23-1948 (Date received local registrar) (b) Mary Jane Owens (Registrar's signature) 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20 year 1948 hour 8 minute 50 P M.

21. I hereby certify that I attended the deceased from Nov. 21, 1947, to Jan 21, 1948; that I last saw her alive on Jan 21, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	
Due to Auricular Fibrillation	
Due to Arteriosclerosis	3 mo
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

95A

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 0

23. Signature C A Campbell M.D. (M.D. or other)

Address Marceline, Mo Date signed 1/23/48

(Licensed Embalmer's Statement on Reverse Side)

STRICT HEALTH OFFICE
Cameron, Mo.

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.....Dale Bunch.....

Licensed Embalmer No.....4088.....

P. O. Address.....Mazeline 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.