

S. No. 2
DM-5-43
7-17-39
X36674

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17133**
Registrar's No. **126**

FILED MAY 22 1948
Registration District No. **277**

Primary Registration District No. **3052**

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

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Hospital No. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 hours
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Laura Nell Hutchison
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James Hutchison
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased June 15 1915
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 10 15 hr. min.

9. Birthplace Muskogee Okla.
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

MOTHER FATHER { 11. Industry or business _____
12. Name James Russell
13. Birthplace Ashville North Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Martha E. Cash
15. Birthplace NewPort Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant James Hutchison
(b) Address LaMonte Mo.
17. (a) Burial (b) Date thereof May 1 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LaMonte Cemerery
18. (a) Signature of funeral director Paul M. Moore
(b) Address LaMonte Mo.

19. (a) 4-30-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)
251 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis **80**
(c) City or town LaMonte **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 20
year 1948 hour 12 minute 15 A.M.
21. I hereby certify that I attended the deceased from as ordered
4/20/48, 1948, 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 _____
entire body covered by 2nd Degree Burns
Due to Fires

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
1815

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence 4/29/48 **80**
(c) Where did injury occur? LaMonte Pettis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm

While at work? no (Specify type of place) (e) Means of injury Fires

23. Signature H. K. L. Holder (M.D. or other) D.O.
Address 315 E. 2nd St. Sedalia, Mo. Date signed 4/20/48

PHYSICIAN
Underline the cause to which death should be charged statistically.

common

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 9-21-48

JUN 20 1949

MAY 22 1949

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 Paul M. Morre

Licensed Embalmer No. 3923

P. O. Address La Monte 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.