

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

State File No. _____
Registrar's No. 101

FILED AUG 16 1948
Registration District No. _____

Primary Registration District No. 3012

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

1. PLACE OF DEATH:
(a) County CLAY
(b) City or town EXCELSIOR SPRINGS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
EXCELSIOR SPRINGS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 DAYS
(Specify whether
In this community... LIFETIME
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CLAY 24
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 5 MILES SOUTH EX. SPRINGS
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH ELMER HUTCHINGS
3. (b) If veteran, name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 30
year 1948 hour 9 minute _____ PM.
21. I hereby certify that I attended the deceased from 7-26-48
10 to 7-30-48, to _____
that I last saw him... alive on 7-30, 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 NORA MCAFFEE
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased JANUARY 25 1874
(Month) (Day) (Year)

Immediate cause of death Embolism
Due to Mitral VALVULAR HEART DISEASE years 15
Chronic NEPHRITIS ? -
Due to UREMIA
Other conditions _____
(Include pregnancy within 5 months of death)

8. AGE: Years 74 Months 6 Days 5
If less than one day hr. _____ min. _____
9. Birthplace RAY COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING
11. Industry or business _____
12. Name ROBERT HUTCHINGS
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name MARTHA WALLACE
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Lily Hutchings
(b) Address 405 S. Kimball, Ex. Springs
17. (a) BURIAL (b) Date thereof AUG. 1, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation UNION CEMETERY
18. (a) Signature of funeral director Claude Pichard
(b) Address Excelsior Springs Mo
19. (a) 8/1/48 (b) Barbarine Hutchings
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) MD.
Address Excelsior Springs Mo Date signed 8/2/48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-14-48

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 _____

Lindell K. Jarman, Registered Apprentice No. 88
working under my personal supervision.

Signed S. E. White

Licensed Embalmer No. 4168

P. O. Address Excelsior Springs, 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.