DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23601

Registration District No. 217 — Primary Registration District No. 3045 — Registrar's No. 60

1. PLACE OF DEATH:

(a) County Mississippi
(b) City or town Charleston (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 600 block Grand Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ------- (Specify whether
In this community 6 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi 67
(c) City or town Charleston (If outside city or town limits, write "RURAL") 2
(d) Street No. 600 block Grand Ave. (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ------

3. (a) PRINT FULL NAME Della Johnson Hutch
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 Married
6. (b) Name of husband or wife Steve Hutch 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased September 4, 1902 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
45	9	24	hr. min.

9. Birthplace Lula, Mississippi (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ----------
FATHER
12. Name Matthew Childress
13. Birthplace Lula, Miss. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Rice
15. Birthplace Poplar Grove, Ark. (City, town, or county) (State or foreign country)
16. (a) Informant Steve Hutch
(b) Address Charleston, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director F. J. Sparks
(b) Address Charleston, Missouri
19. (a) 7-12-48 (Date received local registrar) Mrs. John Bondurant (Registrar's signature) 191

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1948 hour 10:00 minute P. M.
21. I hereby certify that I attended the deceased from Coroners Statement, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Held inquest following the finding of body in house that had burned. Victim had been under Doctors Care 4 weeks previous for High blood pressure and Hypertensive Heart. Coroners jury found that the cause of death was Unknown

Duration

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 200C

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) Unknown
(b) Date of occurrence 6-28-1948
(c) Where did death occur? Charleston, Mo (City or town) (County) (State)
(d) Did death occur in or about home, on farm, in industrial place, in public place? At Home (Specify type of place)
While at work? (e) Means of injury 2
23. Signature John F. Nunnelly Coroner (M. D. or other)
Address Charleston Mo Date signed 6-29-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No
District File Number 248-
Date Filed 7-19

JUL 22 1941

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 Frank J. Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.