No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

29143

State File No.

FILED SEP 27 1948

Registration District No. 54 — Primary Registration District No. 5224 — Registrar's No. 161

1. PLACE OF DEATH:
(a) County: CASS
(b) City or town: RURAL GRANDRIVER TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 67 years.

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

3. (a) PRINT FULL NAME: JOHN REID HUTCHISON
3. (b) If veteran, name war: ✓
3. (c) Social Security No. 496-03-0992
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: Mabel Hutchison
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: Nov (Month) 6 (Day) 1880 (Year)

8. AGE: Years 67 | Months 10 | Days 10 | If less than one day ..... hr. ..... min.
9. Birthplace: Cass County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
FATHER
12. Name: D.R. Hutchison
13. Birthplace: Virginia (City, town, or country) (State or foreign country)
MOTHER
14. Maiden name: Rebecca Vandeventer
15. Birthplace: Illinois (City, town, or country) (State or foreign country)
16. (a) Informant: Pauline Jesson
(b) Address: 90 Hutchison Harrisonville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept 19 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Ridge Cemetery
18. (a) Signature of funeral director: RUNNENBURGER'S
(b) Address: HARRISONVILLE, MO.
19. Sept. 18. 1948 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16 year 1948 hour 7 minute 30 A.M.
21. I hereby certify that I attended the deceased from JAN. 1, 1947 to SEPT 16, 1948 that I last saw him alive on Sept. 12, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: GUNSHOT WOUND LEFT CHEST	
SELF INFLICTED —	
Due to: MENTAL DEPRESSION	
Due to: CARCINOMA STOMACH	2 YRS.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: N/C
Of autopsy: GUNSHOT (20 gauge Shotgun) LEFT LUNG — CARCINOMA STOMACH

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Suicide
(b) Date of occurrence: Sept. 16, 1948
(c) Where did injury occur? HARRISONVILLE (City or town) CASS (County) MO (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? FARM (specify type of place)
While at work? ..... (e) Means of injury: SELF INFLICTED
23. Signature: O.B. Barger (M. D. or other) MD
Address: Harrisonville Mo Date signed: 9/16/48
CORONER —

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Ernest Rammenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.