

S. No. 300
OM-10-47
Rev. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40189**
Registrar's No. **5046**

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2443 Askew
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 1/2** years (Specify whether years, months or days)
In this community **2 1/2** years

3. (a) PRINT FULL NAME **Marion Adam Hutchings**
3. (b) If veteran, name war **NO**
3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Cumia Clevenger Hutchings**
6. (c) Age of husband or wife if alive **74** years
7. Birth date of deceased **June 2 1871**
(Month) (Day) (Year)

8. AGE: Years **77** Months **6** Days **8**
If less than one day hr. min.

9. Birthplace **Ray County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **retired farmer**

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 **Myrtle Stranghover**

(b) Address **Ashland, Kans.**

17. (a) **removal** (b) Date thereof **12-12-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Enon Cem., Excelsior Springs, Mo.**

18. (a) Signature of funeral director **Claude Prichard**

(b) Address **Excelsior Springs, Mo.**

19. (a) **12-11-48** (b) **Sheldine Holmes**
(Date received local statistics) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2443 Askew**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **10**
year **1948** hour minute P. M.
21. I hereby certify that I attended the deceased from **Dec. 6**, 19**48**, to **Dec. 10**, 19**48**;
that I last saw him alive on **Dec. 10**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **chronic myocarditis**
Duration **5 yrs.**

Due to **arteriosclerosis** **5 yrs.**

Due to **hypertension** **5 yrs.**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **NO**
Of autopsy **NO**
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?

M. B. Casebolt (Specify type of place) While at work? (c) Means of injury

23. Signature **M. B. Casebolt** (M. D. or other) Add **4000 Baltimore X. City** signed **12-10-48**

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

WRITE PLAINLY—USE UNFRA

9. Birthplace JEFFERSON COUNTY (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business NONE

MOTHER FATHER {

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 Myrtle Stranghoney

(b) Address Ashland, Kansas

17. (a) BURIAL (b) Date thereof DEC. 12, 1948 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ENON CEMETERY

18. (a) Signature of funeral director Oliver E. Eckhard

(b) Address Excelsior Springs, Mo.

19. (a) 12-11-48 (b) Meraldine Holm (Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) no

Major findings: Of operations no 93 d

Of autopsy no

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 _____

23. Signature M. B. Casbolt M. B. Casbolt (M.D. or other)

Address 4000 Baltimore K. C. Mo. 10/10/48

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

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 *Lindell T. Garrison*

Licensed Embalmer No. *4589*

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.