

FILLED NOV 18 1941

Registration District No. 347

Primary Registration District No. 3018

Registrar's No.

1. PLACE OF DEATH:

(a) County. Henry
(b) City or town. Clinton Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution. Clinton General
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 hour
(Specify whether
In this community. all life years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. Henry
(c) City or town. Clinton
(If outside city or town limits, write "RURAL")
(d) Street No. South 3rd St
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME. LAURA HUTCHERSON

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex. Female 5. Color or race. white 6. (a) Single, widowed, married, divorced. widow
6. (b) Name of husband or wife. Edward 6. (c) Age of husband or wife if alive. 16 years (Month) (Day) (Year) 1864

8. AGE: Years Months Days If less than one day
77 2 3 hr. min.

9. Birthplace. Henry Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation. HOUSE WORK

11. Industry or business.

12. Name. King W H I T L O W

13. Birthplace. Don't know (City, town, or county) (State or foreign country)

14. Maiden name. Mary Jane

15. Birthplace. Don't know (City, town, or county) (State or foreign country)

16. (a) Informant. Bob Hutcherson

(b) Address. Clinton mo

17. (a) Burial (b) Date thereof. 10-28-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Englewood

18. (a) Signature of funeral director. Consalus & Vick

(b) Address. Clinton mo

19. (a) 10-30-41 (b) D. J. R Hampton (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Oct day. 19 year. 1941 hour. 10 minute. 30 A.M.

21. I hereby certify that I attended the deceased from Oct 19, 1941 to Oct 19, 1941 that I last saw him, alive on 10-19, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death. apoplexy Duration 4 hrs

Due to.

Due to.

Other conditions. 4301 (Include pregnancy within 3 months of death)

Major findings: Of operations.

Of autopsy.

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?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature. H Hutcherson (M. D. or other) M.D.

Address. Clinton mo Date signed. 10-20-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1901

Date Filed 11-14-41

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.....

J. E. Consolew

Licensed Embalmer No. 1891

P. O. Address..... *Charters*

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.