

RES'D MAR 17 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7239
Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 5-73
(b) Township Willow-Fork Primary Registration District No. 4337 Registered No. 1
(c) City Fortuna (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Betty A. Hutchison

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF John Hutchinson (deceased) (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November, 26, 1865
7. AGE YEARS 73 MONTHS 1 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation, (month and year) May, 19, 1938 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Moniteau County (STATE OR COUNTRY) Missouri

FATHER 13. NAME Will Hall Medlin 14. BIRTHPLACE (CITY OR TOWN) Cooper County (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Elizabeth Howard 16. BIRTHPLACE (CITY OR TOWN) Cooper County (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs Frances Johnson (ADDRESS) Fortuna Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Grove DATE Jan, 11, 1939

19. FUNERAL DIRECTOR (NAME) James E. Richards (ADDRESS) Fortuna Mo

20. FILED 1-10- 1939 G. Hutchison Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January, 9, 1939
22. I HEREBY CERTIFY, That I attended deceased from May 19, 1938, to Jan 9, 1939
I last saw her alive on Jan 9, 1939. Death is said to have occurred on the date stated above, at 8 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis Date of onset 4/19/38
Arteriosclerosis
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) G. Hutchison M. D.
505 (Address) Fortuna Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Jewell-E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton, 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, above space should be left blank.