

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 144

1. PLACE OF DEATH:

(a) County. COOPER
(b) City or town. BOONVILLE
(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
In this community 21 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. COOPER 27
(c) City or town. BOONVILLE 1
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME. RICHARD H. HUTCHISON
(b) If veteran, name war.
(c) Social Security No. 702-14-4711

4. Sex. MALE Color or race. WHITE
5. Color or race. WHITE
6. (a) Single, widowed, married, divorced. MARRIED
(b) Name of husband or wife. MAGGIE HUTCHISON
(c) Age of husband or wife if alive. 61 years
7. Birth date of deceased. 2-16-1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 6 16 hr. min.

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

10. Usual occupation. RETIRED

11. Industry or business

MOTHER FATHER
12. Name. JOHN W. HUTCHISON
13. Birthplace. NORTH CAROLINA
(City, town, or county) (State or foreign country)
14. Maiden name. JUDIE HARTGOT
15. Birthplace. VIRGINIA
(City, town, or county) (State or foreign country)

16. (a) Informant. MAGGIE M. HUTCHISON

(b) Address. REAR ST BOONVILLE MO

17. (a) REMOVAL (b) Date thereof. 9-4-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. MT ZION CEM.

18. (a) Signature of funeral director. C. Albert Hornbeck
(b) Address. PRILE HOME MO.

19. (a) 9-4-47 (b) Registrar's signature. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Sept day. 2 P.M.
year. 1947 hour. 6 minute. P.M.
21. I hereby certify that I attended the deceased from July 10, 1947 to Sept 21, 1947
that I last saw him on Sept 1, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of Stomach
Duration 34 hrs

Due to...
Due to...
Other conditions. (Include pregnancy within 3 months of death) 46 B

PHYSICIAN
Major findings: Of operations
Of autopsy

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. P. R. Meredith (M. D. or other)
Address. Prairie Home Mo Date signed 9/21/47

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

2161 SAC
1947

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 9-18-47

SEP 23 1947

SEP 24 1947

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 C. Albert Hornbeck
Licensed Embalmer No. 2714
P. O. Address Craine Home 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.