

FILED JUL 23 1942
Registration District No. **211**

Primary Registration District No. **4128**

Registrar's No. **6**

1. PLACE OF DEATH:
 (a) County Cole
 (b) City or town Centertown Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cole 26
 (c) City or town Centertown
 (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 Caroline Hutchison
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 21
 year 1942 hour 10 minute 30 P.M.

4. Sex Female **5. Color or race** W
6. (a) Single, widowed, married, 2 divorced Widowed
6. (b) Name of husband or wife Frank **6. (c) Age of husband or wife if**
 alive _____ years
7. Birth date of deceased. Apr 1 1857
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 3
1942, to June 21, 1942
 that I last saw her alive on June 21, 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 85 Months 2 Days 26
 If less than one day _____ hr. _____ min.

Immediate cause of death.
cardiac fibrillation
myocardial failure
 Due to old age
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 950

11. Industry or business
12. Name Nelson McKinney
13. Birthplace Cole Mo
 (City, town, or county) (State or foreign country)
14. Maiden name Mailey Moad
15. Birthplace Cole Mo
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations None
 Of autopsy None
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant John Hutchison
(b) Address Centertown Mo
17. (a) Rural **(b) Date thereof 6/23/42
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Centertown Cem
18. (a) Signature of funeral director W. J. Williams & Friedman
(b) Address Centertown Mo
19. (a) 6/23/42 **(b) W. J. Williams
 (Date received local registrar) (Registrar's signature)****

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) (a) Means of injury _____
23. Signature J. T. Gillie (M. D. or other) 20
Address Centertown **Date signed** 6/23/42

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

17
006

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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 H E Friedmeyer
Licensed Embalmer No. 2854
P. O. Address California 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.