

Registration District No. 27

Primary Registration District No. 4080

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County BATES  
(b) City or town HOLME  
(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 \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community UNKNOWN.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County BATES  
(c) City or town HOLME  
(If outside city or town limit, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 10<sup>TH</sup>  
year 1940 hour 7 minute 55 P.M.

21. I hereby certify that I attended the deceased from Oct 9, 1940 to Oct 9, 1940  
that I last saw him alive on Oct 9, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to AKA  
Other conditions \_\_\_\_\_  
(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? \_\_\_\_\_

23. Signature Robert H. Smith, M.D. (Specify type of physician) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
Address Rich Hill, Mo Date signed 10/10/40

3. (a) PRINT FULL NAME SAMUEL FRANCIS DUTTON  
(b) If veteran, name war NO (c) Social Security No. \_\_\_\_\_

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife WIFE ROSA E. DUTTON 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased APRIL 26 63  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>5</u>	<u>14</u>	hr. _____ min _____

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

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name ? DUTTON  
13. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. F. Dutton  
(b) Address Rich Hill, Mo. Home Mo

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place: burial or cremation MOUND CITY, KAN.

18. (a) Signature of funeral director Booth  
(b) Address Rich Hill, Mo 54  
19. (a) Oct 10 1940 (b) Fern H. Martin  
(Date received local registrar) (Registrar's signature)

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

**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.....

.....  
working under my personal supervision.

*myself* —

....., Registered Apprentice No. ....

Signed.....

*John D. Hedeman*

Licensed Embalmer No. *3585*

P. O. Address *Butte 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.**