

DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26175

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 107

1. PLACE OF DEATH:

(a) County AUDRAIN

(b) City or town MEXICO  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
AUDRAIN COUNTY  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County AUDRAIN 4

(c) City or town VANDALIA  
(If outside city or town limits, write "RURAL")

(d) Street No. 207 E. STATE  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM D. HUTCHISON

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security QAA No. S 338323

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2  
year 1946 hour \_\_\_\_\_ minute 30 P. M.

21. I hereby certify that I attended the deceased from  
7-31-46 to 8-2-46 1946  
that I last saw him alive on 8-2-46  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MARY VIRGINIA HUTCHISON

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: SEPT. 21 1857  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Cadaver Hepatitis  
Begun Debra with  
Due to Gauging of R foot.  
Arteriosclerosis

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 88 Months 10 Days 12  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation FARMER

Major findings: Of operations \_\_\_\_\_

Of autopsy 13/10

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER {

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

12. Name UNKNOWN

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ed. Sutton

(b) Address Vandalia, Mo.

17. (a) BURIAL (b) Date thereof AUG 3 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VANDALIA, MISSOURI

18. (a) Signature of funeral director The B. Water

(b) Address Vandalia, Mo.

19. (a) August 2-1946 (b) Blanche Neely  
(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. Frank Polley (M. D. or other) MD.

Address Mexico, Mo. Date signed 8/7/46

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

RECEIVED  
District Health Officer No. 10  
District File No. 8-46-1551  
Date Recd - AUG 14 1946

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..... *William B. Waters* .....

Licensed Embalmer No. *4169* .....

P. O. Address..... *Vandalia 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.**