

S. No. 2
M-5-43
v. 5-17-39
I X36871

State File No. 32645
Registrar's No. 68

FILED NOV 6 1946
Registration District No. 11

Primary Registration District No. 4024

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

31475

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: Barry County Hoop
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 das.
(Specify whether years, months or days)

In this community Entire Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry ⁵

(c) City or town Cassville
(If outside city or town limits, write "RURAL") ¹

(d) Street No. 0
(If rural, give location) ⁰

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Rolland Hutchens

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Margie Hutchens

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

7. Birth date of deceased Apr 2 1900
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>46</u>	<u>5</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation Farmer and Stockman

11. Industry or business _____

12. Name Marshal Hutchens

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

14. Maiden name Martina Hays

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

16. (a) Informant Margie Hutchens

(b) Address Cassville Mo.

17. (a) Burial (b) Date thereof 9-24-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Culver Funeral Home

(b) Address Cassville Mo.

19. (a) Oct 31-1946 (b) Grace Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 21
year 1946 hour 5 minute _____ P.M.

21. I hereby certify that I attended the deceased from Sept. 20
1946 to Sept. 21 1946
that I last saw him alive on Sept. 21 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Crushing injury to chest
Puncture of both lungs

Due to Automobile accident

Due to _____

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

Major findings: 170 C. S.
22

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident ⁵

(b) Date of occurrence Sept. 20, 1946

(c) Where did injury occur? Barry, Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
highway

23. Signature Paul Quinn (M. D. or other) 0

Address Cassville, Mo. Date signed _____

Duration 24 hours

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 1146-1105

to Filed NOV 6 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 G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville

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.