

FILED MAR 2 1942  
Registration District No. 297

Primary Registration District No. 5769

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Moniteau  
(b) City or town McGirk, Mo Walkers  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
McGirk, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 720  
(Specify whether  
In this community 29 Yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau CR  
(c) City or town McGirk, Mo.  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Fredric Augusts Hutchinson

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex Male C 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased October 22 1868  
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Carpenter

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

12. Name William A. Hutchinson

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

14. Maiden name Angeline Biddings

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

16. (a) Informant Mrs. Lula Hutchinson

(b) Address M. G. R. Mo.

17. (a) Burial (b) Date thereof Jan. 23. 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McGirk, Cent.

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

(b) Address California, Mo

19. (a) Jan 22-42 (b) Mrs. James Rock  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21<sup>st</sup>  
year 1942 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from January 15, 1942 to January 21, 1942  
that I last saw him alive on Jan. 18, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 1 week

Due to Generalized arteriosclerosis

Due to \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Kenyon Lathan (M. D. or other) 0  
Address California, Mo Date signed 1-21-42

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

MOTHER FATHER

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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 Earl R. Bomlin  
Licensed Embalmer No. 2136  
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.**