BIRTH NO. REG. DIST. NO. DO PRIMARY REG. DIST. NO. 3018 Registrar's No  1. PLACE OF DEATH  a. COUNTY Dent  b. CITY (If outside corporate limits, write RURAL and give township)  TOWN Salem  d. FULL NAME OF (If not in hospital or institution, give street address or location)  HOSPITAL OR. INSTITUTION Hart Clinic  3. NAME OF a. (First)  DISTITUTION BIRTH NO. 2018 Registrar's No  2. USUAL RESIDENCE (Where deceased lived. If institution a. STATE Missouri a. STATE Miss	265 <u>08</u>
BIRTH NO	ŧΨ
a. COUNTY Dent  b. CITY (If outside corporate limits, write RURAL and give of STAY (in this place))  TOWN Salem  d. FULL NAME OF (If not in bospital or institution, give street address or location)  HOSPITAL OR. Hart Clinic  3. NAME OF a. (First)  b. COUNTY, Den  c. CITY (If outside corporate limits, write RURAL and give township OR TOWN RURAL Shortbend Twp  d. STREET (If rural, give location)  ADDRESS Near Sligo, Missouri  C. CITY (If outside corporate limits, write RURAL and give township OR TOWN RURAL Shortbend Twp  d. STREET (If rural, give location)  ADDRESS Near Sligo, Missouri  C. CITY (If outside corporate limits, write RURAL and give township OR TOWN RURAL Shortbend Twp  d. STREET (If rural, give location)  ADDRESS Near Sligo, Missouri  C. CITY (If outside corporate limits, write RURAL and give township OR TOWN RURAL Shortbend Twp	
Town Salem  township Stay (in this place)  OR TOWN Rural Shortbend Twp  d. FULL NAME OF (if not in bospital or institution, give street address or location)  HOSPITAL OR HART Clinic  OR TOWN Rural Shortbend Twp  d. STREET (if rural, give location)  ADDRESS Near Sligo, Missouri  OR TOWN Rural Shortbend Twp  C. STREET (if rural, give location)  ADDRESS Near Sligo, Missouri  OR TOWN Rural Shortbend Twp  OR TOWN Rural Shortbend Twp  OR TOWN Rural Shortbend Twp	ntion: residence before
d. FULL NAME OF (If not in bospital or institution, give street address or location)  HOSPITAL OR INSTITUTION Hart Clinic  3. NAME OF a. (First)  b. (Middle)  c. (Last)  4. DATE (Month) (Month)	0330
3. NAME OF a. (First) b. (Middle) c. (Last) 4. DATE (Month) (DECEASED	0
	(Day) (Year)
(Type or Print) George W. Hutson DEATH 8/17/5  5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, B. DATE OF BIRTH 9. AGE (In years if UNDER 1 M last birthday) Months D. Married (Breedity) Months D. Married (Breedity)	YEAR IF UNDER 14 HRS.
Wildowed 2 4/28/1876 75	CITIZEN OF WHAT
done during most of working life, even if retired) DUSTRY Missouri	COUNTRY?
13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE 15 Elihu Hutson 15 Ann Vaughn Sarah E. Hutson	n .
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Or Unknown) (If yee, sive war or dates of service) none 17. INFORMANT'S SIGNATURE OR NAME NO. Arthur Hutson, Sligo, M.	ADDRESS issouri
18. CAUSE OF DEATH  MEDICAL CERTIFICATION  Enter only one cause per   1. DISEASE OR CONDITION  Enter only one cause per   1. DISEASE OR CONDITION  DISEASE OF CONDITION  ENTER ONLY OF THE ORDER OF THE	INTERVAL BETWEEN ONSET AND DEATH 2 Months
ANTECEDENT CAUSES	
the mode of dying, such as heart failure, asthenia, etc. It means the dis-	
DUE TO (c)	· · ·
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease	<u>i :.'</u>
tion which caused death.  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERA TION  19b. MAJOR FINDINGS OF OPERATION  044 X	20. AUTOPSY7
The contract of the practical street is a first town of townships (COINTY)	(STATE)
Z1a. ACCIDENT (Bpecify) SUICIDE (Specify) bome, farm, factory, street, office bldg., etc.)  Z1d. TIME (Month) (Day) (Year) (Hour) String CCCURRED (How DID INJURY OCCUR?  WHILE AT NOT WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from May 15, 1945, to Aug 17, 1951, that I last s alive on Aug 17, 1951, and that death occurred at 300 m., from the causes and on the date stated of 23a. SIGNATURE  (Degree or title)  23b. ADDRESS  Salen, Mo.  24a. BURIAL, CREMA- 24b. DATE  TION, REMOVAL (Speedly)  Burial  24c. NAME OF CEMETERY OR CREMATORY  Burial  Dent County, Mis	saw the deceased above.
.23a. SIGNATURE MAUT M (Degree or title) 23b. ADDRESS Salen, Mo.	23c. DATE SIGNED 3-20-50
24a. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county TION, REMOVAL (Speedry)	7) (State)
Burial 8280/51 Hutson Cemetery Dent County, Mis	ssouri *E\$\$
REG. M.M. Hart, M.D. by H. Carl K. Spensal Salam.	, Missour

# **George Washington Hutson**

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Birth: Apr. 28, 1876

Pike County

Missouri, USA

Death: Aug. 17, 1951

Salem

Dent County Missouri, USA

## Family links:

Parents:

Elihu H. Hutson (1852 - 1932)

Mira Ann Vaughn Hutson (1854 - 1909)

# Spouse:

Sarah Earnestine Ellis Hutson (1878 - 1950)\*

### Children:

Arthur E. Hutson (1901 - 1970)\*

Agnes Marie Hutson Daniels (1902 - 1944)\*

Hurley Jerry Hutson (1904 - 1976)\*

Otis Ellis Hutson (1906 - 1958)\*

Velma Hutson Freeman (1916 - 1989)\*

George Bennett Hutson (1919 - 1979)\*

### Siblings:

Phoebe Hutson\*

Fletcher Hutson\*

Sapphire Hutson\*

Sophia Hutson\*

Julia Ann Hutson Brockes Wallace (1871 -

1949)\*

Mary Hutson (1875 - 1925)\*

George Washington Hutson (1876 - 1951)

Elihu Rouster Hutson (1877 - 1933)\*

Tallas Hutson (1882 - 1920)\*

Talmon M. Hutson (1882 - 1961)\*

Charles Hutson (1894 - 1981)\*

# \*Calculated relationship

#### Burial:

**Hutson-Walker Cemetery** 

Sligo

Dent County

Missouri, USA

Edit Virtual Cemetery info [?]

Created by: <u>Paul W. Sprous</u> Record added: Oct 29, 2009



Added by: Gravefinder1



Added by: Gravefinder1