

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

9863  
 Do not use this space.

REC'D APR 23 1938

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 625 West 61st Registered No. 1028 St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alice Clark Nutter 360  
 (a) Residence, No. 625 West 61st St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James A. Nutter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 30, 1856</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>6</u>	DAYS <u>27</u>
If LESS than 1 day, ..... hrs. or ..... min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>At home</u>		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cincinnati</u> <u>Ohio</u>		
13. NAME <u>John W. Clark</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Connecticut</u>		
15. MAIDEN NAME <u>Alice Ann Swain</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
17. INFORMANT <u>Frank C. Nutter (Son)</u> (ADDRESS) <u>625 West 61st St., Kansas Cy., Mo.</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Forest Hill Cem.</u> <u>Kansas City, Mo.</u> DATE <u>March 27, 1938</u>		
19. FUNERAL DIRECTOR <u>Stine &amp; McClure</u> (ADDRESS) <u>Kansas City, Mo.</u>		
20. FILED <u>March 26, 1938</u> <u>M. D. Brown</u> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1929, to March 24, 1938  
 I last saw h. e. r. alive on March 23, 1938 Death is said to have occurred on the date stated above, at ..... m. 9:11 P.  
 The principal cause of death and related causes of importance were as follows:  
Diabetes mellitus - Insulin Date of onset 1929  
Calcular keratopathy 3 days  
59

Other contributory causes of importance:  
Generalized arteriosclerosis years

Name of operation ..... Date of .....  
 What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify .....  
 (Signed) W. K. Trimble M. D.  
 (Address) 836 Professional Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

**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.)**