CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

34609
Do not use this space.

REC'D NOV 21 1938

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 3945
(c) City Kansas City Mo. — (d) Street No. 3325 Cleavland Ave. 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 22 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Nora E. HUTCHINS.
(a) Residence, No. 3325 Cleavland. Ave. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter O. Hutchins/.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January ? 1865
7. AGE: About 73 YEARS; MONTHS ?; DAYS ?; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home.
9. Industry or business in which work was done, as saw mill, bank, etc.
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) New York.

FATHER
13. NAME Louis Hull.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT (ADDRESS) Mrs. M. E. Gordon. 3325 Cleavland Ave.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE 10/ 11/38
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mellody-McGilley. K. C. Mo.
20. FILED Oct 10 1938 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9, 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov. 1916 to Oct 9, 1938
I last saw her alive on Oct 9, 1938 Death is said to have occurred on the date stated above, at 3:35 p.m.
The principal cause of death and related causes of importance were as follows:

Senile Degeneration — Date of onset

Other contributory causes of importance:

Acute dilitation of stomach from over eating

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....
(Signed) James T. Tuque, M.D.
(Address) 17 & Broadway

(Licensed Embalmer's Statement on Reverse Side)

Dr. Ferguson
12 Broadway.
West Side Bank Bldg.

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.