

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.

1939 JUL 10 1939

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

21112  
Do not use this space.

## 1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399  
(b) Township RAW Primary Registration District No. 100  
(c) City KANSAS CITY (d) Street No. NORA CLARK HOME - 2843 TRUST St. Registered No. 2280  
(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 12 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

MR. LEMUEL HUTCHINSON  
(a) Residence, No. 4941 - VIRGINIA 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 MALE 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 MRS MARY F HUTCHINSON  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER 29 1856  
7. AGE YEARS 82 MONTHS 7 DAYS 10 If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER  
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) 1928 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

FATHER 13. NAME UNKNOWN HUTCHINSON  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER 15. MAIDEN NAME JANE HUTCHINSON  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MR. O. M. HUTCHINSON  
(ADDRESS) 4941 - VIRGINIA AVENUE18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE JUNE 10 193919. FUNERAL DIRECTOR (NAME) D. W. NEWCOMER'S SONS  
(ADDRESS) 1401 BRUSH CREEK BLVD20. FILED June 10 1939 M. M. Brown  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE - 8 193922. I HEREBY CERTIFY, That I attended deceased from Feb, 1937, to June 8, 1939I last saw him alive on June 7, 1939. Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

auricular fibrillation  
myocarditis  
coronary sclerosis  
Date of onset 2 yrs.

Other contributory causes of importance: 92

Name of operation..... Date of.....

What test confirmed diagnosis physical Was there an autopsy? no23. 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) Carl H. Lindquist, M. D.(Address) 704 P. & S. Bldg.

11-1  
106 West 14th Street  
704. Palmer + Highall Bldg

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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 C. Hervey Quisenberry  
Licensed Embalmer No. 4070  
P. O. Address K. C. 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, above space should be left blank.**