

Registration District No. **397**

Primary Registration District No. **1007**

1. PLACE OF DEATH:

(a) County Jackson **2**
(b) City or town Kansas City, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
No.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No.
In this community 35 Years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Julia Leona Hutchens **325**

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

4. Sex Female 6. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Paul A. Hutchens, 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased Jan. 27th, 1888
(Month) (Day) (Year)

8. AGE: Years 51 52 Months 9 Days 15 If less than one day hr. min.

9. Birthplace Miami Co. Kansas. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Retired from Bell Telephone Co.

12. Name William Carpenter **1**

13. Birthplace Kentucky **1**
(City, town, or county) (State or foreign country)

14. Maiden name Dora Nichols
(City, town, or county) (State or foreign country)

15. Birthplace Linn County, Iowa. **1**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nina P. Martin,
(b) Address 3003 Van Brunt, Blvd., K.C. Mo.

17. (a) Burial (b) Date thereof Nov. 15 - 39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hill Cemetery.
Mrs. C. L. Forster

18. (a) Signature of funeral director Kansas City, Mo.
(b) Address Nov 15, 1939 Th. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Missouri.
(If outside city or town limits, write "RURAL")
(d) Street No. 3003 Van Brunt, K. C. Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12th, 1939
year 1939 hour _____ minute 8:15P M.

21. I hereby certify that I attended the deceased from Apr. 9 1939 to Nov 11 1939
that I last saw her alive on Nov. 11 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Lt. breast Metastasis to hips, spine & other bones
Duration Feb-1935 1935
Due to 50

Other conditions (Include pregnancy within 3 months of death)

Major findings: Cancer breast - metastasis to axillary glands
Of operations _____
Of autopsy _____

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) (2) Means of injury _____
23. Signature Kip Robinson (M. D. or other) MD
Address 928 Profess. Bldg Date signed 11-13-39

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

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.

1 X1951

Dr. Kip Robinson,
Prof. Blvd.
Phone No. 4479

about 2023

928

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 *Theron A. Pederson*

Licensed Embalmer No. *2737*

P. O. Address *A.P. 222*

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.