DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 8 1940

Registration District No. 398

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43591

Primary Registration District No. 5554

Registrar's No. 364

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Blue Ridge Blvd & Sterling (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 23 yr (Specify whether years, months or days)

2. USUAL RESIDENCE OF DEceased:
(a) State: Missouri (b) County: Jackson
(c) City or town: Independence Mo (If outside city or town limits, write "RURAL")
(d) Street Address: Blue Ridge Blvd & Sterling Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Eugene C. McCutchan
3. (b) If veteran, name war: none
3. (c) Social Security No. 702-12-0566
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Nora McCutchan
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: Jan 11 1871 (Month) (Day) (Year)
8. AGE: Years 68 Months 10 Days 24 If less than one day ____ hr. ____ min.
9. Birthplace: Evansville Indiana (City, town or county) (State or foreign country)
10. Usual occupation: Retired Switchman
11. Industry or business: Kansas City Southern
12. Name of father: Charles C. McCutchan
13. Birthplace of father: Evansville Indiana (City, town or county) (State or foreign country)
14. Maiden name of mother: Martha Tate
15. Birthplace of mother: Gibson Co Indiana (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: Nora McCutchan
(b) Address: Route 3 N. E. Mo
17. (a) Mt Moriah (Burial, cremation, or removal) (b) Date thereof: Dec 8 1939 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Moriah
18. (a) Signature of funeral director: Leo F. Carson
(b) Address: Independence Mo
19. (a) 12-8-39 (Date received local registrar) (b) F. L. Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8th year 1939 hour 5 minute 4 M.

21. I hereby certify that I attended the deceased from Oct 1, 1939, to Dec 5, 1939, that I last saw him alive on Dec 5, 1939, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Bladder	15 years
Due to: Pyelitis and Cystitis	1 year
Due to:	
Other conditions (Include pregnancy within 3 months of death): 51	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work?
(e) Means of injury:

23. Signature: John K. Caldwell (M. D. or other) MD
Address: Kansas City, Mo. Date signed 12/6/39

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 23 1946

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 Raymond Martin, Registered Apprentice No. 199 working under my personal supervision.

Signed L. Marion Fair

Licensed Embalmer No. 3156

P. O. Address Independence V

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

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