

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3805 Fuller
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Yrs. (Specify whether years, months or days)

8. (a) PRINT FULL NAME Walter M. McCutcheon

3. (b) If veteran, name war No. 3. (c) Social Security No. 551-05-5629

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Charlotte McCutcheon 6. (c) Age of husband or wife if alive 8 years

7. Birth date of deceased Sept. 1890
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	50	2	14	hr. min.

9. Birthplace Cameron Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

MOTHER FATHER

12. Name John H. McCutcheon
13. Birthplace Decatur Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Anna Montgomery
15. Birthplace Decatur Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant John H. McCutcheon
(b) Address 3805 Fuller Ave.

17. (a) Burial (b) Date thereof Nov. 26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brooking

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) 11-25-40 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits write "RURAL")
(d) Street No. 3805 Fuller (If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 27 year 40
hour minute M.

21. I hereby certify that I attended the deceased from 3:00 P. 1940
that I last saw him alive on 11-27-40
and that death occurred on the date and hour stated above.
Immediate cause of death

Acute pulmonary edema
Due to
Acute coronary occlusion
Due to
Coronary sclerosis
Other conditions Chronic myocardial infarction
(Indicate conditions within a month of death)

PHYSICIAN
Major findings: MI
Of operations.
Of autopsy Yes
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?

While at work? Yes (Specify type of place) (or means of injury)
23. Signature Walter M. Crowe (M. D. or other)
Address K.C. Mo. Date signed

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

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 Chas Wilks
Licensed Embalmer No. 2644
P. O. Address 1800 Inwood

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.