No. 2
1-4-41
17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27251

State File No. 2909

Registration District No. 399 AUG SEP 12 1941

Primary Registration District No. 1002

Registrar's No.

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

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: K.C.General Hospital No.1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hours (Specify whether
In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas ?City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3304 East 52nd St. 8
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country ------

3. (a) PRINT FULL NAME Eva ~~Nodean~~ Nadine Dutcher

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mr. Wivel E. Dutcher

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased October (Month) 24 (Day) 1905 (Year)

8. AGE: Years 35 | Months 9 | Days 7 | If less than one day ___ hr. ___ min.

9. Birthplace Kansas City (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ------

12. Name L. M. Bennett

13. Birthplace (City, town, or county) Iowa (State or foreign country)

14. Maiden name Dee Shearing

15. Birthplace (City, town, or county) 4 Unknown (State or foreign country)

16. (a) Informant Mr. Wivel E. Dutcher

(b) Address 3304 East 52nd Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 2, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cem.

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 8-1-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st year 1941 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from 7-31-41, 19__, to 7-31-41, 19__; that I last saw her alive on 7-31-41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterine cervix with exsanguination

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 48a

Major findings:
Of operations

Of autopsy See above

Duration

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 Henry R. Shorer (M. D. or other) 0

Address Med. Dir. K.C. Gen. Hospital, K.C. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Emile M. Colhoun

Licensed Embalmer No. 3506

P. O. Address K C Mo

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, fact should be so stated above.

State of Missouri } ss.
County of Jackson }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 27251
Local Registrar's No. 2909

On this 15 day of February, 1952 before me appears Wirel E. Dutcher who, upon his oath, states that the original record of ~~birth~~ death for Eva Nodean Dutcher, ~~born~~ died July 31, 1941, in the State of Missouri, and which was filed at Kansas City on 8-1, 1941, should be corrected as follows:

Item No. 3a should read Eva Nadine Dutcher
Instead of Eva Nodean Dutcher

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Wirel E. Dutcher Husband
Relationship.

3801 Pitman Rd, Jackson County Mo
Present Address.

Subscribed and sworn to before me this 15th day of February, 1952.

My Commission expires Oct 21, 1955

Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—8-43
I X37817