

FILLED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

30890

Registration District No. 397

Primary Registration District No. 1002

Registrar's No.

3648

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City,
(c) Name of hospital or institution:
3516 Harrison, 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
(Specify whether
In this community 7 months,
years, months or days)

3. (a) PRINT FULL NAME Nelson P. Tuttle,
3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed,
6. (b) Name of husband or wife Geneva Rose Tuttle, 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased May 2nd 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 27 If less than one day hr. min.

9. Birthplace North Carolina, 1
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter,

11. Industry or business X

MOTHER, FATHER { 12. Name Augustus H. Tuttle,
13. Birthplace North Carolina, 1
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Word,
15. Birthplace North Carolina, 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Harry J. Kaslin, tele,
(b) Address 2914 Victor, Kansas City, Missouri

17. (a) Removal, (b) Date thereof 9-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Osborne, Mo.

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 9/30/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson, 18
(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3516 Harrison, 1
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 9-29-41 at 9:05 PM
year 1941 hour 2 PM minute 00 M.

21. I hereby certify that I attended the deceased from 1st to 1st Sept 28, 1941
that I last saw him alive on Sept 21st, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Glomerular Nephritis & Uremia
Due to Arteriosclerosis -
Due to Aortic & Mitral Regurgitation
Other conditions 12/17
(Include pregnancy within 5 months of death) 1-1-17

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

Major findings:
Of operations ✓
Of autopsy ✓ 1318

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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) (e) Means of injury ✓
23. Signature M. M. Crow (M. D. or other) MD
Address 1000 E. Arrow Date signed 9-29-41

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.....

E. M. Plautz

Licensed Embalmer No. *1848*

P. O. Address. *72. E. 7th*

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, fact should be so stated above.