

FILED FEB 11 1942

State File No. _____

224

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: St. Mary's Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether years, months or days)

In this community one month

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 64

(c) City or town Nelsonville
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs Katherine M. Nutt

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, Widow

6. (b) Name of husband or wife Wallace F. Nutt

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

7. Birth date of deceased April 30, 1882
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>8</u>	<u>18</u>	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Charles Eger

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

14. Maiden name Sophia Trekens

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

16. (a) Informant Mrs H.W. Hulsebus

(b) Address 20 West 36th St.

17. (a) Removal (b) Date thereof Jan. 19, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benbow, Mo.

18. (a) Signature of funeral director Thomas E. Quirk

(b) Address 4316 Troost Ave.

19. (a) 1/18/42 (b) M. M. Brower
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18th
year 1942 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 16 to Jan 18, 1942
that I last saw her alive on Jan 17, 1942 6:30 PM
and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized Peritonitis 5 da.
Acute intestinal obstruction 5 da.
adhesions 12 hrs.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Adhesions to generalized peritonitis

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? _____

While at work _____ (Specify type of place)

(e) Means of injury _____

Signature Donald P. ... (M. D. or other) MD

Address 2012 Bryant Bldg KC Mo signed 1/18/42

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 Thomas B. Junk

Licensed Embalmer No. 3775

P. O. Address R. C. M.

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.