

Registration District No. 1529

Primary Registration District No. 1002

Registrar's No. 1060

48
83
8
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 St. Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days
(Specify whether years, months or days)

In this community 60 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3723 College Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Mr. William Presley Tuttt

3. (b) If veteran, name war No

3. (c) Social Security No. 490-16-1896

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Jane Webb Tuttt

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

7. Birth date of deceased April 28 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	10	15	hr. min.

9. Birthplace Cooper County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation T. M. James & Sons China

11. Industry or business Manager

MOTHER FATHER { 12. Name Rev. Benjamin Geo. Tuttt

{ 13. Birthplace Cooper County Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Ellen Thornton

{ 15. Birthplace Cooper County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. O. Hensley

(b) Address 1164 E 77 Ter.

17. (a) Burial Memorial Park Cem.
(Burial, cremation, or removal)

(b) Date thereof Mar. 16, 1942
(Month) (Day) (Year)

(c) Place: burial of cremation Memorial Park Cem.

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

(b) Address 1401 Brush Creek Blvd.

19. (a) 3-14-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th
year 1942 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from March 9-42
March 12, 1942 to March 13, 1942
that I last saw him alive on March 13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Due to 94a

Due to Brain and Arteries

Other conditions Brain and Arteries
(Include pregnancy within 3 months of death)

Major findings: Of operations -----

Of autopsy -----

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 -----

23. Signature Walter E. Hod (M. D. or other) -----
Address 5102 E. 9th St. K.C. Date signed 3/14/42

Duration 5

PHYSICIAN

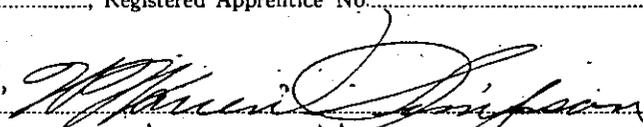
Underline the cause to which death should be charged statistically.

510 Professional Bldg
1-4-30

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



Licensed Embalmer No. 3965

P. O. Address 2670

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.