S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1942

Registration District No. 599

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 13378

Primary Registration District No. 1002

Registrar's No. 1553

**1. PLACE OF DEATH:**

(a) County Jackson

(b) City or town Kansas City, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Children's Mercy Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 hrs. (Specify whether years, months or days)

In this community ~~12 hrs~~ 11 mo.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48

(c) City or town 1413 Van Brunt, K. C. Mo. 3 (If outside city or town limits, write "RURAL")

(d) Street No. 1413 Van Brunt (If rural, give location) 8

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

If yes, name country

3. (a) PRINT FULL NAME Patsy Deane Hutchins

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 11 (Day) 1941 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| No | 11 | 9 | hr. min. |

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

10. Usual occupation

11. Industry or business

FATHER

12. Name Roger Vincent Hutchins

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

MOTHER

14. Maiden name Dorothy Marie Murphy

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

16. (a) Informant Roger Hutchins

(b) Address 1413 Van Brunt Blvd. K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 22 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Mo. Cemetery

18. (a) Signature of funeral director C. Clark Regert

(b) Address Raytown Mo.

19. (a) 4 20 42 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 20 year 1942 hour 11 minute 55 A.M.

21. I hereby certify that I attended the deceased from April 19, 1942, to April 20, 1942, that I last saw h.e.r. alive on April 20, 1942, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Bronchopneumonia | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Henry Lee (M. D. or other)

Address 1624 Paseo Date signed

361 (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 C Clark Hegert

Licensed Embalmer No. 3983

P. O. Address Raytown Mo

**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.**