. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13379

Registration District No. FILED MAY 12 1942 99

Primary Registration District No. 1002

Registrar's No. 1646

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:
3531 Michigan Ave. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 37 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 42

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

(d) Street No. 3531 Michigan Ave. 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mr. Thaddeus S. Hutton

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of ~~husband or~~ wife Elizabeth J. Hutton

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

7. Birth date of deceased September (Month) 14 (Day) 1848 (Year)

8. AGE:

Years	Months	Days	If less than one day
93	7	12	hr. min.

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

10. Usual occupation Retired Merchant

11. Industry or business

FATHER
12. Name Isaac Hutton 1
13. Birthplace (City, town, or county) England 1 (State or foreign country)

MOTHER
14. Maiden name Emeline Smith
15. Birthplace (City, town, or county) Virginia 1 (State or foreign country)

16. (a) Informant Miss Margaret Hutton
(b) Address 3531 Michigan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-29-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Garden City, Mo.

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Mo.

19. (a) 4-27-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4-26-42 day
year hour minute M.

21. I hereby certify that I attended the deceased from June, 1939, to 4-26-42, 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Senile arterio-sclerosis (age 94)

Due to Inanition

Due to 97

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 0

23. Signature Robert M Myers (M. D. or other) M. D.
Address 1025 Rialto Date signed 4-27-42

361 (Licensed Embalmer's Statement on Reverse Side)

12-5

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 [signature]

Licensed Embalmer No. 481

P. O. Address K. C. 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.