

7. S. No. 2
M-9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 6 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2026

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City,

(c) Name of hospital or institution: Brookside Hotel,

(d) Length of stay: In hospital or institution X

In this community since 12 years of age,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,

(c) City or town Kansas City,

(d) Street No. Brookside Hotel,

(e) Citizen of foreign country? NO.

3. (a) PRINT FULL NAME Howard McCutcheon,

3. (b) If veteran, name war. No.

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th, year 1942 hour 5:20 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 23, 1941 to May 24, 1942

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Juliette Buell McCutcheon,

6. (c) Age of husband or wife if alive over 60 years

7. Birth date of deceased December 20 1868

that I last saw him alive on May 24, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis heart disease coronary atherosclerosis aneurysm of aorta

Due to Generalized Arteriosclerosis

Other conditions: None

Major findings: None

Of autopsy: None

PHYSICIAN: None

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>5</u>	<u>4</u>	hr. min.

9. Birthplace Pennsylvania,

10. Usual occupation President,

11. Industry or business Brockett Cement Co.,

MOTHER FATHER

12. Name Samuel Howard McCutcheon,

13. Birthplace Unknown,

14. Maiden name Harriett Mackey,

15. Birthplace Unknown,

16. (a) Informant Mrs. Juliette Buell McCutcheon,

(b) Address Brookside Hotel, Kansas City, Mo.

17. (a) Burial (b) Date thereof 5-26-42

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 5-25-42 (b) M. M. Grove

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence None

(c) Where did injury occur? None

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? None (Specify type of place)

(e) Means of injury None

23. Signature Joseph Welker (M. D. or other) None

Address 836 Prof. Bldg Date signed 5/25/42

361 (Licensed Embalmer's Statement on Reverse Side) Kansas City, Mo.

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

78
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Dr. Jos. B. Weiker,

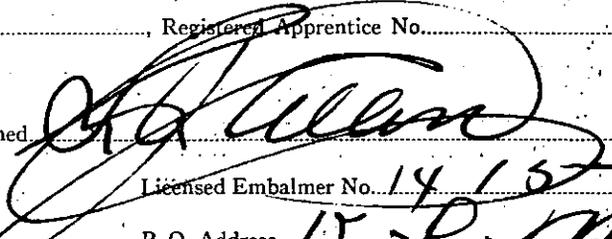
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1904-4-30

STATEMENT BY LICENSED EMBALMER

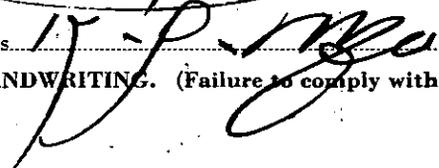
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed



Licensed Embalmer No. 14137

P. O. Address



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.