

FILED MAY 29 1942
399

Registration District No.

Primary Registration District No.

1002

Registrar's No.

1995

48
3
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:
516 West 39th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 4 months _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County Los Angeles Co.
(c) City or town Long Beach 479
(If outside city or town limits, write "RURAL") 4
(d) Street No. _____ (If rural, give location) 8
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country. _____ 2

3. (a) PRINT FULL NAME Mrs. Katherine Utterson

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, Widowed

6. (b) Name of husband or wife John Nichols Utterson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: April 1 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 1 20 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Abner R. Wesson

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

14. Maiden name Emarillas Brooks

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

16. (a) Informant Mrs. H. D. Olsen

(b) Address 516 West 39th St.

17. (a) Removal (b) Date thereof 5-24-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Long Beach, Calif.

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 5-22-42 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1942 hour 9 minute 00 P.M.

21. I hereby certify that I attended the deceased from Apr 15
1942 to May 21 1942

that I last saw him alive on May 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Haemorrhage Duration _____

Due to Cancer of face
metastasis from

Due to Cancer of tongue 45 B

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Delac O'Willoway (M. D. or other) _____
Address 804 Prof Bldg Date signed 5/14/42

91-11-10-11

12-5
114938
D. J. ...
...
...

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 Clarence H. Chile
Licensed Embalmer No. 3473
P. O. Address 76 E 3rd

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.