

FILED DEC 7 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4289

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: Kansas City Convalescent Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Months
(Specify whether years, months or days) 53 years

2. USUAL RESIDENCE OF DECEASED:

Mo. Bates 7
(a) State Mo. (b) County Bates
(c) City or town Rich Hill, Mo. 9
(If outside city or town limits, write "RURAL") 0
(d) Street No. 913 East Chestnut
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

Middleton Ezzel Hutton

3. (b) If veteran, X-NO name war

3. (c) Social Security No. NO

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Laura Hutton 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased November 17th 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 28
If less than one day hr. min. 27

9. Birthplace Jones County, Iowa 1
(City, town, or county) (State or foreign country)
Carpenter

10. Usual occupation retired

11. Industry or business

12. Name Andrew Hutton
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown 9
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Harry Hutton
(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 11-14-42
(Specify place of removal) (Month) (Day) (Year)
(c) Place, burial or cremation Greenlawn- Rich Hill

18. (a) Signature of funeral director [Signature]
(b) Address Rich Hill, Missouri

19. (a) 11-18-42 (b) M. M. Corwin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14
year 1942 hour 3 minute 10 P.M.

21. I hereby certify that I attended the deceased from 8-2-42 to 11-14-42 1942
that I last saw him alive on 11-14-42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Cerebral Hemorrhage
with Right Hemiplegia

Other conditions (Include pregnancy within 3 months of death) 830

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?

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

23. Signature [Signature] (M. D. or other)
Address 3200 Northside Date signed 11-14-42

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 John G. Underwood
Licensed Embalmer No. 3585
P. O. Address Butler, 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.