

FILED DEC 18 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4550

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:
2930 Tracy Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community..... 7 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2930 Tracy Avenue
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Gertrude M. Hutton

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

7. Birth date of deceased September 21 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

51 2 15 hr. min.

9. Birthplace Neosho Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business At Home

12. Name Robert Nathaniel Johnson

13. Birthplace Neosho Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Emma Dolly

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

16. (a) Informant Mrs. Kate Kopp

(b) Address 2930 Tracy

17. (a) Removal (b) Date thereof Dec. 10, 1942
(Burial, cremation, or removal) (City or town) (County) (State) (Year)

(c) Place: burial or cremation I.O.O.F. Cemetery Neosho, Missouri

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 12-8-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th
year 1942 hour 11 minute 40P. M.

21. I hereby certify that I attended the deceased from July 1942 to Dec 6 1942

That I last saw him alive on Nov 12 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis with occlusion Duration 1 day

Due to Adhesive Pericarditis

Due to gta

Other conditions Disruption of the Pericardium
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy as above

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 S. S. Turson, M.D. M. D. or other.....
Address 1232 Professional Bldg Date signed 12/7/42

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

MOTHER FATHER

48
38

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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. Hervey Quisenberry*
Licensed Embalmer No. *4070*
P. O. Address. *KC 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.