

**AUG 11 1943**  
Registration District No. **149**

Primary Registration District No. **1002**

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:  
**2210 Kansas**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **40 Years** (Specify whether)  
years, months or days

**3. (a) PRINT FULL NAME** **Charles Thomas Hutsler**  
**3. (b) If veteran,** name war **No**  
**3. (c) Social Security No.** **496-10-5993**

**4. Sex** **Male** **5. Color or race** **White**  
**6. (a) Single, widowed, married, divorced** **Married**  
**6. (b) Name of husband or wife** **Pearl Hutsler**  
**6. (c) Age of husband or wife if alive** **55** years  
**7. Birth date of deceased.** **January 22 1875**  
(Month) (Day) (Year)

**8. AGE:** Years **68** Months **6** Days **7**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace.** **Sedalia, Mo**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Plumber**

**11. Industry or business**

**12. Name.** **George Thomas Hutsler**

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

**14. Maiden name** **Sarah Jackson**  
(City, town, or county) (State or foreign country)

**15. Birthplace** **No Record Missouri**  
(City, town, or county) (State or foreign country)

**16. (a) Informant.** **Mrs. Pearl Hutsler**

**(b) Address.** **2210 Kansas**

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof.** **7-31-1943**  
(Month) (Day) (Year)

**(c) Place: burial or cremation** **Green Lawn**

**18. (a) Signature of funeral director.** **Mrs. C. L. Forster**

**(b) Address.** **Kansas City, Missouri**

**19. (a) 7-31-43** (Date received local registrar) **(b) P. E. Brown** (Registrar's signature)

**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. **2210 Kansas**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **July** day **29th**,  
year **1943** hour **11** minute **A.** M.

**21. I hereby certify that I attended the deceased from** **3/14/43**, 19\_\_\_\_ to **July 29, 1943**  
that I last saw him alive on **July 29, 1943**  
and that death occurred on the day and hour stated above.

Immediate cause of death: **Coronary Occlusion**

Due to: **Arteriosclerosis - myocardial - with accompanying Bundle**

Due to: **Heart block - Myocardial -**

Other conditions: **Had crushing injury to chest**  
(Include pregnancy within 3 months of death)

Major findings: **1024-47 - Coronulobulary**

Of operations: **none**

Of autopsy: **none**

**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.** **P. E. Brown** (M. D. or other)

Address **4800 6th St** Date signed **7/30/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Aug 17 1924

F. C. D. Edmonds

4870-E-24  
Be 5-4199

4870-E-24

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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed L. H. Wise

Licensed Embalmer No. 2570

P. O. Address Kansas City

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.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3330

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: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles J. Hutches

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Jun 22 1900  
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 12 Year 1943 Hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to \_\_\_\_\_

Due to Ch. Interstitial nephritis

Other conditions Head injury to chest  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature W. H. Ferguson (M. D. certifier)  
Address 4800 E. 27th Date signed \_\_\_\_\_

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

SUPPLEMENTAL

S-23904