

Registration District No. 149

Primary Registration District No. 1002

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:
4009 Bellefontaine 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 32 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. 4009 Bellefontaine
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Bertha C. Hutchinson

3. (b) If veteran, NO name war _____
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, 3 divorced Divorced

6. (b) Name of husband or wife Kenner D. Hutchinson 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 4 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 9 8 hr. _____ min.

9. Birthplace Floyd Co., Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 1-12-44
year _____ hour _____ minute 6 P. M.

21. I hereby certify that I attended the deceased from 1-12-44 to _____
_____ 19____ to _____ 19____
that I last saw her alive on 1-12-44 _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardiovascular renal disease

Due to _____
Due to _____
Other conditions 131a
(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 Wm. Wheeler (M. D. coroner)
Booker Peeg
Date signed 1-13-44

MOTHER FATHER {
12. Name Samuel K. Shaffer
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name Martha Maxson
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Mrs. Kenneta D. Hutchinson

(b) Address 4009 Bellefontaine

17. (a) Burial (b) Date thereof 1-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn, Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) Jan 13 1944 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

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

Walter H. Erwin
1957-1-8-57
Erwin

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 *Walter H. Erwin*

Licensed Embalmer No. *4352*

P. O. Address *Kansas City, 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.