No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 29 1944

Registration District No. 49

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 20688

Registrar's No. 2553

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY MO (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 505 W. 77th. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 3 MONTHS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 505-W 77 st (If rural, give location) 8

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

If yes, name country 0

3. (a) PRINT FULL NAME GRANT-HUTCHISON

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MARY JANE

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased 10 (Month) 30 (Day) 1872 (Year)

8. AGE: Years 72-Yr Months 4 Days 14 If less than one day hr. min.

9. Birthplace BOLIVAR MO (City, town, or county) 0 (State or foreign country)

10. Usual occupation SEXTON

11. Industry or business SEXTON of CEMETRY

FATHER
12. Name CHARLEY HUTCHISON
13. Birthplace PONS COUNTY MO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARTHA
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant HELEN HUTCHISON

(b) Address 505 W 77th K.C. MO

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 6-18-44 (Month) (Day) (Year)

(c) Place: burial or cremation BOLIVAR MO

18. (a) Signature of funeral director Hutcheson Co

(b) Address Bolivar Mo

19. (a) 6-19-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1944 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from June 4, 1944, to 6-14, 1944 that I last saw him alive on June 14, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to Hypertention	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death) 93e1	

Major findings:
Of operations

Of autopsy none

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? (Specify type of place)

While at work? (e) Means of injury 2

23. Signature Geo. F. Clark (M.D. or other)

Address 400 E.W. 75 Date signed 6-19-44

(Licensed Embalmer's Statement on Reverse Side)

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 S. B. Hutchison

Licensed Embalmer No. 1331

P. O. Address.....

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.