S. No. 2
OM—2-43
y. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21710

FILED JUN 23 1944

Registration District No. [illegible]

Primary Registration District No. 5572

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Jackson County Home for Aged
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 days (Specify whether
In this community 23 days 5
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 2448 Lister
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Sarah Hutton

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Willard W. Hutton

6. (c) Age of husband or wife if alive 89 years

7. Birth date of deceased Nov. (Month) 4 (Day) 1863 (Year)

8. AGE: Years 80 Months 6 Days 6 If less than one day ___ hr. ___ min.

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

10. Usual occupation Unknown

11. Industry or business Unknown

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant Records Jackson County Home

(b) Address R4, Independence, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof May 15 (Month) 1944 (Day) (Year)

(c) Place: burial or cremation GREEN LAWN CEMETERY KC, MO

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

(b) Address Kansas City Mo.

19. (a) May 12, 1944 (Date received local registrar) (b) F. W. Schiele & Elsie Schiele (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1944 hour 10 minute 8 M.

21. I hereby certify that I attended the deceased from April 18, 1944 to May 10, 1944
that I last saw her alive on May 10, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senile dementia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

162a

Major findings:
Of operations
Of autopsy

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

23. Signature J. W. Greene (M. D. or other)

Address Independence Mo. Date signed 5/11/44

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(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.....

Licensed Embalmer No. 3833

P. O. Address Lees Summit 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.