

Registration District No. 1499A

Primary Registration District No. 1002

Registrar's No. 4400

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:
Menorah Hospital
(If not in hospital or institution, write street number or location)

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

In this community 10 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 3035 Harrison 2
(If rural, give location)

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

If yes, name country no 17

3. (a) PRINT FULL NAME William G. Hutchins

3. (b) If veteran, name war no

3. (c) Social Security No. 464 07 7789

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31st year 1944 hour 8:15 minute A M.

21. I hereby certify that I attended the deceased from Oct 24th 1944, to Oct 31st 1944
that I last saw him alive on Oct 30th 1944
and that death occurred on the date and hour stated above.

4. Sex Male 0 5. Color or race wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret M. Hutchins 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased July 29th 1877
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis 10 days

Due to Chronic Myocarditis 2 yrs

Due to Chronic Pericarditis

Other conditions (Include pregnancy within 3 months of death) 93 d.

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

67	3	2	hr. min.
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9. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation Field Representative

11. Industry or business R.m. Hollingshead Corp

MOTHER FATHER {

12. Name Unknown Hutchins

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

14. Maiden name Unknown

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

16. (a) Informant Margaret M. Hutchins 1

(b) Address 3035 Harrison

17. (a) Removal (b) Date thereof Nov 2nd 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green Mo

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Lanwood

19. (a) 11-1-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy Pericarditis - Myocarditis
Coronary Thrombosis

Underline the cause to which death is due to be certified 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)

(c) Manner of injury _____

23. Signature Joseph Schellert (M. D. or other) 0

Address 12619 Reuther Hwy Date signed 10-2-44

NOV 16 1944

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

Glen E. Heck

Licensed Embalmer No.

4063

P. O. Address

1800 Junwood Blvd

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.