

FILED OCT 24 1944
799
Registration District No. _____

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10-5-44-10-11-44
(Specify whether years, months or days) 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 916 Independence
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SAM HUTTON

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Wid.

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

7. Birth date of deceased January 2 1889
(Month) (Day) (Year)

8. AGE: Years 55 Months 9 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Chamois County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business City Market

MOTHER FATHER { 12. Name Jack Hutton Missouri

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

14. Maiden name Eliza Payne

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

16. (a) Informant Record Clerk

(b) Address General Hospital #2.

17. (a) Burial (b) Date thereof 10/14/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director W. H. Brown

(b) Address 1729 Olive Ave.

19. (a) 10-14-44 (b) W. H. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11
year 1944 hour 9:40 minute p. M.

21. I hereby certify that I attended the deceased from October 5, 1944 to October 11, 1944
that I last saw him alive on October 11, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Possible Carcinoma of Stomach Duration _____

Due to Malignancy

Due to _____

Other conditions (Include pregnancy within 3 months of death) 4/6 to

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature W. H. Brown (M. D. or other) _____

Address Gen. Hosp #2-600 E. 32 Date signed 10-14-44

MAY 10 1945

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 *J. James Manlove*
Licensed Embalmer No. *3994*
P. O. Address *2503 Highland*

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.