

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30852

State File No. _____

4861

FILED DEC 9 1944
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

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 5-DAYS
(Specify whether years, months or days)

In this community 5-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. 3935-TRACY AVENUE
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME CHARLES COLEMAN NUTTER, JR.

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 30TH
year 1944 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from NOV 25
1944, to NOV 30th 1944.

that I last saw h. or alive on 30th 1944 1944,
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased NOVEMBER 25 1944
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage + prematurity.

Due to _____

Due to _____

8. AGE:	Years	Months	Days	If less than one day
			<u>5</u>	hr. _____ min.

Other conditions _____
(Include pregnancy within 3 months of death)

1600

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation INFANT

11. Industry or business _____

MOTHER, FATHER {

12. Name CHARLES COLEMAN NUTTER, SR.

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

14. Maiden name IRMA MAXINE TALLEY

15. Birthplace GRANITE CITY ILLINOIS
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Charles Coleman Nutter

(b) Address 3935 Tracy Avenue

17. (a) BURIAL (b) Date thereof DEC-2-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RICHMOND, MISSOURI

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Medner (M. D. or other)

Address 302 W 47th Date 12-1-44

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) Dec 2, 1944 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

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

200 Balaony Rd
300 West 4th St
2130-5

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 *Elmer Torrey*

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.