

Registration District No. **199**

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:
3915 Paseo
(If not in hospital or institution, write street number or location)

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

In this community 49 years
(years, months or days)

3. (a) PRINT FULL NAME Mona M. Hutton

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Fe. **5. Color or race** Wh.

6. (a) Single, widowed, married, 2 divorced widowed

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased. April 4 1895
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>49</u> | <u>8</u> | <u>17</u> | _____hr. _____min. |

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name. John Greer

13. Birthplace. No record Missouri
(City, town, or county) (State or foreign country)

14. Maiden name. Blanch Worely

15. Birthplace. no record Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant. James Arthur Hutton

(b) Address. 3915 Paseo

17. (a) burial (b) Date thereof 12-26-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director BENTLEY MORTUARY

(b) Address 5811 Troost

19. (a) 12-25-44 (b) D. C. Brown
(Date received local registrar) (Registrar's signature)

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. 3915 Paseo
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 21
year 1944 hour 11:40 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis

Due to arteriosclerosis

Due to _____

Other conditions 940
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations History + Impression

Of autopsy no

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)

(e) Means of injury _____

23. Signature James Arthur Hutton (M. D. or other) _____

Address 11424 paper plant Date signed 12-22-44

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No. *2756*

P. O. Address *Kansas City 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.

Ray Duffington
Ray D. Challenge