. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 31 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17132

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 36

1. PLACE OF DEATH:

(a) County Jackson (Rural)
(b) City or town Kansas City (Washington Twp)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8223 Terrace St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 19 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 8223 Terrace St.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Nellie Potter

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Wh

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

6. (b) Name of husband or wife Samuel J.

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

7. Birth date of deceased Sept (Month) 11 (Day) 1888 (Year)

8. AGE: Years 57 Months 7 Days 12 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home duties

FATHER
12. Name Monroe Hutchison
13. Birthplace Unknown (City, town, or county) So. Carolina (State or foreign country)

MOTHER
14. Maiden name Mary Hutchison
15. Birthplace Unknown (City, town, or county) So. Carolina (State or foreign country)

16. (a) Informant Lavier Schultz
(b) Address 8116 Wyoming

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-26-45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Wornall Funeral Home
(b) Address 7406 Warwick

19. (a) 5/2/45 (Date received local registrar) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1945 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from 1944, 19__, to Apr 23, 1945, that I last saw her alive on Apr 23, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to

Due to Bullous emphysema

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 Delon A. Williams (M. D. or other)
Address 806 Prof Bldg Date signed 4/26/45

Dr. Annie G. Hedges (Licensed Embalmer's Statement on Reverse Side)

Dr Williams
1252 - Stratford

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 Harlyn Roe

Licensed Embalmer No. 2810

P. O. Address K. G. 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.