

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

FILED OCT 1 1945

Registrar's No. **3875**

Registration District No. **149**

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: Research Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days
(Specify whether years, months or days)

In this community 12 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ralph Hutchinson

3. (b) If veteran, name war. no

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Bertude

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased March 26, 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>5</u>	<u>23</u>	hr. min.

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

10. Usual occupation farmer

11. Industry or business

12. Name W. S. Hutchinson

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

14. Maiden name Mary Sara Wallace

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

16. (a) Informant Ralph M. Hutchinson

(b) Address Butler Mo.

17. (a) Removal (b) Date thereof 9-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Butler Mo.

18. (a) Signature of funeral director Culver Underwood
(b) Address Butler Mo.

19. (a) 9-19-45 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Bates

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

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes of No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19
year 1945 hour 4 minutes 50A M.

21. I hereby certify that I attended the deceased from Sept 7, 1945, to 9-19-45

that I last saw h. alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Carcinoma Stomach with metastases

Due to Hypostatic Pneumonia

Transition

Other conditions (Include pregnancy within 3 months of death)

Major findings: 46 B

Of operations _____

Of autopsy no

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? _____

23. Signature J. M. W. [unclear] (Specify type of place) _____
(e) Means of injury _____

Address A. C. Mo. Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

6th floor
M^e Jernery

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.....

Licensed Embalmer No.....

P. O. Address.....

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.