

No. 2
1-5-43
5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16704**
Registrar's No. **2133**

FILED MAY 20 1946
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:
3917 Troost Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **14 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **JAMES W. HUTTON**
3. (b) If veteran, name was **Spanish American** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Pearl C. Hutton** 6. (c) Age of husband or wife if alive **unk.** years
7. Birth date of deceased **July 19th 1873**
(Month) (Day) (Year)

8. AGE: Years **72** Months **9** Days **22** If less than one day hr. min.

9. Birthplace **Mt. Pleasant, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Mgr. Bell Telephone Co.**

12. Name **Samuel Hutton**

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

14. Maiden name **Ann Nelson**

15. Birthplace **Gentryville, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Pearl C. Hutton**

(b) Address **3917 Troost Avenue**

17. (a) **Burial** (b) Date thereof **5/13/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Stanberry, Missouri**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**

(b) Address **104 West 42nd Street**

19. (a) **5-11-46** (b) **Gertrudine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **3917 Troost Avenue** **8**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No) **1**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **11th**
year **1946** hour **10** minute **10** a.m.

21. I hereby certify that I attended the deceased from **May 10**, 19**46**, to **May 11**, 19**46**
that I last saw him alive on **May 11**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis** Duration **7 day**

Due to **?**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **940**

Of autopsy

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) Means of injury **2**

23. Signature **HE Schoen** (M. D. or other) **DO**

Address **243 Werby Bldg** Date signed **5-11-46**

1CCmo

JUN 9 1946

MAY 27 1946

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 *Walter H. Erwin*

Licensed Embalmer No. *7352*

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.