U. S. No. 2
M—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 20324

FILED JUL 9 1946

Registrar's District No. 1001 Primary Registration District No. 1001

Registrar's No. 2673

**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: St. Mary's Hosp.
(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 6 months

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Mo (b) County: Jackson

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

(d) Street No.: 3006 Tracy
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Florence E. Hutchin

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: F.

5. Color or race: W.

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

6. (b) Name of husband or wife: Isaac M. Hutchin

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

7. Birth date of deceased: Jan (Month) 15 (Day) 13 1871 (Year)

8. AGE: Years 75 Months 5 Days x If less than one day hr. min.

9. Birthplace: La Cygne (City, town, or county) Kan. (State or foreign country)

10. Usual occupation: House-Wife

11. Industry or business:

FATHER
12. Name: John Long
13. Birthplace: N.C. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Nancy Morris
15. Birthplace: W. Va. (City, town, or county) (State or foreign country)

16. Informant: Rita E. Hutchin

17. (a) Address: 3006 Tracy Kansas City Mo.

(b) Cremation, burial, or removal: Removal (Burial, cremation, or removal) (b) Date thereof: June 18 1946 (Month) (Day) (Year)

(c) Place: burial or cremation: La Cygne Kan.

18. (a) Signature of funeral director: Hesser-Mangold

(b) Address: La Cygne Kan.

19. (a) 6-17-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 6 day 15 year 1946 hour 9 minute 45 p.m.

21. I hereby certify that I attended the deceased from 3-27 1946 to 6-15 1946 that I last saw her alive on 6-15 1946 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Carcinoma of Cecum | |
| Due to: Metastatic Carcinoma of abdominal wall | 1 yr |
| Due to: | |
| Other conditions: Hypertrophied arterio sclerosis? (Include pregnancy within 3 months of death) | |
| Major findings of operation: Large tumor mass 462 Obstructing Cecum | |
| Of autopsy: No | |

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: M. J. Gwinn (M. D. or other)

Address: 708 Grand KCMo Date signed: 6/16/46

(Licensed Embalmer's Statement on Reverse Side)

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

Copy by Federal Census

JUL 5 1949

## 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 L. A. Mangold

Licensed Embalmer No. 3610

P. O. Address Amsterdam

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

Death

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No. 203 [illegible]
Local Registrar's No. 2673

## AFFIDAVIT FOR CORRECTION OF A RECORD

On this 9th day of July, 1946, before me appears Rita E. Hutchin, who, upon her oath, states that the original record of ~~birth~~ ~~death~~ for Florence E. Hutchin, died ~~born~~ June 15, 1946, in the State of Missouri, and which was filed at Kansas City, Mo. on 6-17-, 1946 should be corrected as follows:

Item No. 7 should read January 15, 1871
Instead of January 13, 1871
Item No. 8 should read 75 yrs 5 Mo. NO days
Instead of 75 yrs 5 Mo. 2 days
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Rita E. Hutchin daughter
Relationship.

3006 Tracy Ave K.C. Mo.
Present Address.

Subscribed and sworn to before me this 9th day of July, 1946

My Commission expires Oct 20. 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667