

No. 2
OM-5-43
v. 5-17-39
I X3657

DEPARTMENT OF COMMERCE-
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20325

State File No.

FILED JUN 20 1946
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2518

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:
7031 CHESTNUT AVENUE 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 41 YEARS
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL") 3

(d) Street No. 7031 CHESTNUT AVENUE 1
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 2
If yes, name country.....

3. (a) PRINT FULL NAME MR JAMES THEODORE HUTSON

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 MRS IVA HUTSON 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased FEBRUARY 18 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 3 15 1/2 hr. min.

9. Birthplace OWENS COUNTY INDIANA
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business R.C. GAS COMPANY

12. Name JOHN HUTSON

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

14. Maiden name AMANDA REYNOLDS

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

16. Informant Arthur P. Hoffman

17. (a) Address RAYTOWN, MISSOURI
(Burial, cremation, or removal) (b) Date thereof JUNE 7 1946
(Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director C. H. Newcomer, Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 6-7-46 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1946 hour 1:10 minute P. M.

21. I hereby certify that I attended the deceased from JUNE 3
1946, to JUNE 5, 1946
that I last saw him alive on JUNE 4, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 3 days

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83a

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?

(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 H. C. D. O. (M. D. or other)

Date signed 6-5-46

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

MOTHER - FATHER

19198

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K.C. 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.