

FILED AUG 5 1947

Registration District No. _____

Primary Registration District No. **1002**

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:
3829 Roanoke
(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 **30 years**
years, months or days)

3. (a) PRINT FULL NAME **Mrs. Blanche H. Hutchens**

3. (b) If veteran, name war **NO.** 3. (c) Social Security No. **NO.**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Dr. Delaney Hutchens** 6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **January 29 1897**
(Month) (Day) (Year)

8. AGE: Years **50** Months **5** Days **18** If less than one day hr. min.

9. Birthplace **Canada**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business **X**

12. Name **unknown**

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

14. Maiden name **unknown**

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

16. (a) Informant **Dr. Delaney Hutchens**

(b) Address **719 W. 38th St., Kansas City, Mo.**

17. (a) **burial** (b) Date thereof **7-19-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **7-18-47** (b) **Geraldine 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. **719 West 38th Street,** **8**
(If rural, give location) **0**
(e) Citizen of foreign country? **NO.** (Yes or No)
If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **17**
year **1947** hour **11:20** minute **9** M.

21. I hereby certify that I attended the deceased from **Brown** 19____ to _____ 19____;
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Coronary Insufficiency
Due to **Album Album**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **956**

Major findings: Of operations _____

Of autopsy **and History & Inspection**

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) (e) Means of injury **3**

23. Signature **Jessie M. Kelly** (M. D. or other) **Brown**
Address **1426 1/2 Jay** Date signed **7-18-47**

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

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 *J. Blair Shepard*
Licensed Embalmer No. *4179*
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.