S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41731
Registrar's No. 5376

Registration District No. 149
Primary Registration District No. 100a

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: Osteo. Hosp. 11th & Harrison 0
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution Visiting in Hosp. (Specify whether)
In this community 6 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 100 Olive 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mrs. Nina Hutcheson
3. (b) If veteran, name war no
3. (c) Social Security No. 472-07-2992
4. Sex Fem
5. Color or race Wh
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Virgil Hutcheson
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased 10/1/1898 (Month) (Day) (Year)

8. AGE: Years 49 ~~48~~ Months 2 Days 19 If less than one day ..... hr. ..... min.

9. Birthplace Decatur, Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name James Walker
13. Birthplace Unk (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Edie E. Roper
15. Birthplace Unk. (City, town, or county) (State or foreign country) 4
16. (a) Informant Mrs. Mary McNutt
(b) Address 100 Olive St.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/24/47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director John P. Sheil
(b) Address
19. (a) 12-22-47 (Date received local registrar) (b) K. C. Mo Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 20 year 1947 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~12-19~~ Coronary infarction	1 hr
Due to Arteriosclerosis	years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94	
Of autopsy	

PHYSICIAN
Underline the cause of 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 8
Signature E. W. Reese DO (M. D. or other)
Address 3309 E 12 Date signed 12-22-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 John P Shiel

Licensed Embalmer No. 3625

P. O. Address 66 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.