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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41958

FILED JAN 2 1948

Registration District No. 999 — Primary Registration District No. 1002 — Registrar's No. 5311

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: 2ND FLOOR - 4120 BENTON BLVD (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 57 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON 48 3
(c) City or town: KANSAS CITY 8 (If outside city or town limits, write "RURAL")
(d) Street No.: 2ND FLOOR - 4120 BENTON BLVD (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MRS. MINNIE KATHERINE TUTTLE
3. (b) If veteran, name war: No
3. (c) Social Security No.: none 499-07-5197
4. Sex: FEMALE 1
5. Color or race: WHITE 1
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband ~~or wife~~: MR. A. C. TUTTLE
6. (c) Age of husband or wife if alive: 58 years
7. Birth date of deceased: SEPTEMBER 3 1890 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
57	3	13	hr. ..... min.

9. Birthplace: KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business:
12. Name of father: JEROME RICHARD HULTZ
13. Birthplace of father: LOUISVILLE (City, town, or county) KENTUCKY (State or foreign country)
14. Maiden name of mother: LOUELLA LUKINS
15. Birthplace of mother: COLUMBIA (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant: A. C. Tuttle
(b) Address: 4120 Benton Blvd
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: DEC 18 1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: ELMWOOD CEMETERY
18. (a) Signature of funeral director: D. H. Newcomer's Inc
(b) Address: 1401 - BRUSH CREEK BLVD.
19. (a) 12-17-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 16TH year 1947 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from Oct 16 1947 to Dec 16 1947 that I last saw him alive on Dec 14 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of cervix with pelvic metastasis	6 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Recto Vaginal fistula	1 month

Major findings:
Of operations: 48
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: 0
23. Signature: Edward A. Samuelson (M. D. or other) M.D.
Address: 2603 E 31 Date signed: Dec 16-47

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

2603 Cont 31st Street
1-7

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4, 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.