

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 2666

FILED JUL 3 1948/49  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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

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:  
607 1/2 Main Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community About 11 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 607 1/2 Main Street  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME David Hutchinson

(b) If veteran, name war None

(c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24th  
year 1948 hour 1:55 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Crown, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Pearl M. Hutchinson

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased: Nov. 26 1884  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Coronary sclerosis

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

63 6 10 hr. \_\_\_\_\_ min.

Due to Coronary sclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 938

Of operations \_\_\_\_\_

9. Birthplace Champaign, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Insurance Salesman

Of autopsy no history of Impetigo

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? \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Edward J. Hutchinson

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

14. Maiden name Belle Fry

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

16. (a) Informant E. H. Hutchinson

(b) Address 3918 N. Francisco: Chicago, Ill.

17. (a) Removal (b) Date thereof 6-26-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Champaign, Illinois

23. Signature James H. [illegible] (M. D. or other) \_\_\_\_\_

Address 1444 [illegible] Date signed 6-26-48

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Place: K. C. Mo.

19. (a) 6-16-48 (b) Cheraldine Holmes  
(Date received local registrar) (Registrar's signature)

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**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..... *Blaine E. Weiler* .....

Licensed Embalmer No..... *4075* .....

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.**