

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

19518
State File No. _____
Registrar's No. 2464

FILED JUN 19 1948
Registration District No. 1749

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:
16 East 34th Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 25 years
years, months or days (Specify whether _____)

3. (a) PRINT FULL NAME Mrs Amanda M. Hutton
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George A. Hutton 6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased Feb. 18, 1877
(Month) (Day) (Year)

8. AGE: Years 71 Months 3 Days 23 If less than one day
hr. _____ min. _____

9. Birthplace St. Gabriel, Louisanna.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Manuel Lopez

13. Birthplace St. James, Louisanna
(City, town, or county) (State or foreign country)

14. Maiden name Mary Guerringer

15. Birthplace New Orleans, La.
(City, town, or county) (State or foreign country)

16. (a) Informant George A. Hutton
(b) Address 16 East 34th Terrace

17. (a) Burial (b) Date thereof June 14, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery, Johnson County, Kas.
Thos. B. Quirk
(e) Signature of funeral director

(b) Address 4316 Troost Ave.
(c) 6-12-48 Heraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 16 East 34th Terrace
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 11th.
year 1948 hour 7.35 P. M. minute _____ M. _____

21. I hereby certify that I attended the deceased from _____
to _____ 1948 to _____ 1948
that I last saw her alive on June 11, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Central Hemorrhage Duration 4 days

Due to systemic sclerosis
Hypertensive Heart
Due to Disease

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
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 _____

Where did injury occur? _____ (City or town) (County) (State)
(c) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? _____ (Specify type of place) Means of injury _____
23. Signature Robert J. ... (M. D. or other) _____
Address 2220 E. 31st St Date signed 6-12-48

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 *Thomas E. Quirk*

Licensed Embalmer No. *3775*

P. O. Address *A. C. ...*

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.