

No. 300  
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5-17-39  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26514  
3467  
Registrar's No.

FILED SEP 4 1948  
Registration District No. 149

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:  
2120 Summit Street  
(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 Life (Specify whether  
years, months or days)

**3. (a) PRINT FULL NAME** Mrs. Mary E. Nutto

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 Gus Nutto 6. (c) Age of husband or wife if  
alive 81 years

7. Birth date of deceased December 24 1866  
(Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
81 7 27 hr. min.

9. Birthplace Kansas City, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business X

**MOTHER FATHER** { 12. Name John Margaret Whalan  
13. Birthplace Ireland  
(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 Gus Nutto  
(b) Address 2120 Summit St., Kansas City, Mo.

17. (a) burial (b) Date thereof 8-25-48  
(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) 8-24-48 (b) Geraldine Holman  
(Data received local registrar) (Registrar's signature)

**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. 2120 Summit Street  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 21  
year 1948 hour 11:25 minute P. M.

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

Immediate cause of death Pneumonia  
leukemic

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

Other conditions: (Include pregnancy within 3 months of death)  
nil

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 \_\_\_\_\_  
(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) (c) Means of injury \_\_\_\_\_

23. Signature A. M. High (M. D. or other) \_\_\_\_\_  
Address 925 Angyle Date signed 8-24-48

Wa 2388  
argyle = 925  
in 1:30 to 5:30  
open 6 p.m.

Dr. Nigro

Joe Albert

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..... Robert H. Reed  
Licensed Embalmer No..... 3745  
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.