

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

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

29815

FILED SEP 18 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3690

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:  
GENERAL HOSPITAL NO. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 HRS.  
(Specify whether years, months or days) 10 HRS.

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. 1621 1/2 E. 18TH STREET  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME INFANT HUTT

3. (b) If veteran, name war no  
3. (c) Social Security No. none

4. Sex FEMALE 3  
5. Color or race NEGRO  
6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased AUGUST 25, 1948  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
10 hr. 10 min.

9. Birthplace KANSAS CITY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business

12. Name CARVER HUTT  
13. Birthplace WINIFIELD MISSOURI  
(City, town, or county) (State or foreign country)  
14. Maiden name MARCELLA WASHINGTON  
15. Birthplace LOUISIANA  
(City, town, or county) (State or foreign country)

16. (a) Informant MARCELLA HUTT (MOTHER)  
(b) Address 1621 1/2 E. 18TH STREET

17. (a) Burial (b) Date thereof 9-10-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation

18. (a) Signature of funeral director  
(b) Address

19. (a) 9-9-48 (b) Heraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 25,  
year 1948 hour 5: minute 45 P.M.

21. I hereby certify that I attended the deceased from AUGUST 25, 1948, to AUGUST 25, 1948,  
that I last saw her alive on AUGUST 25, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death PREMATUREITY  
(4 3/4 Mos. GESTATION)

Due to  
Due to

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

Major findings:  
Of operations 159  
Of autopsy  
PHYSICIAN

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?

23. Signature While at work (Specify type of place)  
Address GENERAL HOSPITAL NO. 2  
Date signed 8/26/48

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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.....

*Not Embalmed*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Wm. A. Lohmeyer*

Licensed Embalmer No. *3089*

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.**