

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26925**

FILED AUG 21 1949

Registrar's No. **3407**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (in this place) 25 yrs		d. STREET ADDRESS (If rural, give location) 2630 Highland Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2			

3. NAME OF DECEASED a. (First) GEORGIA (Type or Print)			b. (Middle)			c. (Last) HUTSON			4. DATE OF DEATH (Month) AUGUST (Day) 3 (Year) 1949		
5. SEX FEMALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED DIVORCED		8. DATE OF BIRTH 1891 APRIL 27 1894		9. AGE (In years last birthday) 55-58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	
10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) ILLINOIS				12. CITIZEN OF WHAT COUNTRY U.S.			

13a. FATHER'S NAME J. W. HICKMAN			13b. MOTHER'S MAIDEN NAME ELIZA KYLES			14. NAME OF HUSBAND OR WIFE LOUIE HUTSON		
---	--	--	--	--	--	---	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 486-05-5078		17. INFORMANT'S SIGNATURE OR NAME MABLE CARTWRIGHT		ADDRESS 2630 Highland Ave	
---	--	--	--	---	--	----------------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA (CLINICAL)						INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) ARTERIONEPHROSCLEROSIS							
		DUE TO (c) GENERALIZED ARTERIOSCLEROSIS							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS HYPERTENSIVE HEART DISEASE							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------	--	----------------------------------	--	--	--	--	--	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
--	--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
---	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from **7/31/1949**, to **8/3/1949**, that I last saw the deceased alive on **8/2/1949** and that death occurred at **12:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis (Degree or title)		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 8/3/49	
--	--	--	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/8/49		24c. NAME OF CEMETERY OR CREMATORY Lincoln		24d. LOCATION (City, town, or county) (State) Kansas City MO	
---	--	-------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. 8-8-49		REGISTRAR'S SIGNATURE Doraldine Holmes		25. GENERAL DIRECTOR'S SIGNATURE E. Sterling Bello		ADDRESS 212 Olive	
--	--	---	--	---	--	--------------------------	--

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

E. Sterling Bills

Licensed Embalmer No.

3178

P. O. Address

1212 Vine, Kansas City

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.