

REC'D SEP 6 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

28397  
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON 1 Registration District No. 399  
 (b) Township RAW Primary Registration District No. 1002 Registered No. 3399  
 (c) City KANSAS CITY 1 (d) Street No. RESEARCH HOSPITAL St.  
 (e) Length of residence in city or town where death occurred 38 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 620 EASTMEYER BLVD. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN N. HUTTON  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH-11-1870  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 69 | 5 | 18 |  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LAWRENCE 1 / KANSAS  
 13. NAME WILLIAM C. BROOKS 1 /  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA 1 /  
 15. MAIDEN NAME CATHERINE DONALD  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) INDIANA

17. INFORMANT MRS. CARL WILLBRAND  
 (ADDRESS) 6418 WASHINGTON

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. WASHINGTON DATE AUGUST-31-1939

19. FUNERAL DIRECTOR (NAME) D.W. NEWCOMERS SONS  
 (ADDRESS) 1401 BRUSH CREEK BLVD

20. FILED 8/30 1939 M.M. Brown  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST-29-1939  
 22. I HEREBY CERTIFY, That I attended deceased from 8:20, 1939, to 8:29, 1938  
 I last saw her alive on 8:28, 1939. Death is said to have occurred on the date stated above, at 8:15A.m.  
 The principal cause of death and related causes of importance were as follows:

Purulent acute appendicitis, localized peritonitis. Date of onset 8/18/39  
121  
 Other contributory causes of importance:  
Acute fibrillated myocardial heart failure. 8/27/39  
 Name of operation Appendectomy Date of 8/22/39  
 What test confirmed diagnosis? Positive Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury ---  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify \_\_\_\_\_  
 (Signed) J. H. Hunt, M. D.  
 (Address) 141 C. ...

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1:30 - 4:30

**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 *H. C. Newcomer Jr.*

Licensed Embalmer No. 4043

P. O. Address R. 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, above space should be left blank.**