

No. 2
1-4-41
-17-39
X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33770
Registrar's No. 3701

FILED NOV 13 1941
Registration District No. 1002

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:
At Home, 1300 E. 32nd Terrace
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 50 years / (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Jane Bennett Dutton
 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, Widowed
 6. (b) Name of husband Harry Dutton, deceased
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased October 23 1854
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 11 10 _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name William H. Bennett
 13. Birthplace Indiana
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Jane Stiveley
 15. Birthplace Indiana
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. William A. Compton
 (b) Address 1300 E. 32nd St. Terrace

17. (a) Burial (b) Date thereof 10-6-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Freeman Mortuary
 (b) Address Kansas City, Mo.

19. (a) 10/4/41 (b) M. M. Crow
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
 (c) City or town Kansas City 3
 (If outside city or town limits, write "RURAL") 2
 (d) Street No. 1300 E. 32nd Terrace
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3
 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from
Oct 3 —, 1941, to Oct 3, 1941;
 that I last saw her alive on Oct 3, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac Failure Duration 1 da
 Due to Chronic Myocardial Degeneration with Cardiac Hypertrophy 24 hr
Secularly
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
 Of operations _____ 938
 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?

(Specify type of place) _____
 While at work? _____ (e) Means of injury _____
 23. Signature J. C. Lamar (M. D. or other) 0
 Address 224 W. Commercial Date signed Oct 3

Johnson - Prof. 1989
V1 4426
1-4-30

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 Clarence H. Chiles

Licensed Embalmer No. 3473

P. O. Address 76 E. 760

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.