. S. No. 2
M—9-4-41
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9553

FILED APR 25 1942

Registration District No. 349 Primary Registration District No. 1002. Registrar's No. 1347

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: 6843 Locust Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -------- (Specify whether years, months or days)
In this community 7 Years

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. 6843 Locust Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -------

048 3 8

3. (a) PRINT FULL NAME Mrs. Helen Cuttell
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 or wife Mr. Ben Cuttell
6. (c) Age of husband or wife if alive -------- years
7. Birth date of deceased July (Month) 25 (Day) 1857 (Year)
8. AGE: Years 84 Months 8 Days ~~10~~ 9 If less than one day ____ hr. ____ min.
9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business -------
MOTHER FATHER
12. Name Shanklin
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
14. Maiden name Helen Shanklin
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Mr Ralph D. Cuttell
(b) Address 6843 Locust
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Apr. 6, 1942 (Month) (Day) (Year)
(c) Place: Burial or cremation D. W. Newcomer's Sons
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 4-6-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th year 1942 hour 5 minute 30 A. M.
21. I hereby certify that I attended the deceased from Apr. 1st, 1942, to Apr. 4, 1942, that I last saw h. alive on Apr. 3, 1942 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Lobar Pneumonia
Due to
Chronic Myocarditis 10 d
Due to
Other conditions
(Include pregnancy within 3 months of death)
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Chas. Cuttum MD (M. D. or other)
Address 400 Professional Bldg. Date signed 4/4/42

(Licensed Embalmer's Statement on Reverse Side)

Professional Bldg

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 C Hervey Dunsenberry

Licensed Embalmer No. 4070

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.