

Registration District No. 749

Primary Registration District No. 1002

Registrar's No.

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:
6935 Oak Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State New Mexico (b) County Bernadillo

(c) City or town Albuquerque
(If outside city or town limits, write "RURAL")

(d) Street No. 401 N. Adams
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINTED FULL NAME Mr. Joseph McNutt

3. (b) If veteran, name war World War I

3. (c) Social Security No. 525-01-7080

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6 year 1942 hour 9 minute 35 A.M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mrs. Arla Radley McNutt

6. (c) Age of husband or wife if alive 31 years (Month) (Day) (Year)

7. Birth date of deceased July 31 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 20 1942 to Sept 6 1942 that I last saw him alive on Sept 6 1942 and that death occurred on the date and hour stated above.

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

58 1 25 hr. min.

Immediate cause of death Coronary Thrombosis

Due to 94a

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

10. Usual occupation Construction Foreman

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

11. Industry or business Albuquerque Gas & Electric Co.

12. Name James W. McNutt

13. Birthplace Oconee Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Martha Elizabeth Smart

15. Birthplace Herrick Illinois
(City, town, or county) (State or foreign country)

Major findings: Of operations. Of autopsy.

Underline the cause to which death should be charged statistically.

16. (b) Informant Mrs. P. J. Arnold
Address 6935 Oak St

17. (a) Removal Sept. 8, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Albuquerque, New Mexico

18. (a) Signature of funeral director D. W. Newcomer
(b) Address 1401 Brush Creek Blvd.

19. (a) 9-8-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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?

While at work? (Specify type of place) (a) Means of injury

23. Signature George C. Lee (M. D. or other) 9/6/42
Address 1638 Prof. Rd. Date signed 9/6/42

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

MOTHER FATHER

Handwritten initials

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 *H. C. Newcomer Jr*

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.

OCT 22 1947