

FILED APR 15 1949

Registration District No.

Primary Registration District No. **1002**

Registrar's No. **1448**

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:
1728 Jefferson /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **no.**
10 years, (Specify whether years, months or days)
 In this community.....

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. **1728 Jefferson,**
 (If rural, give location)
 (e) Citizen of foreign country? **no.** (Yes or No)
 If yes, name country **x**

3. (a) PRINT FULL NAME **Howard P. Nutting,**
 3. (b) If veteran, name war **no.** 3. (c) Social Security No. **480-14-1299**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **March** day **30th**
 year **1944** hour **2:35** minute **a.** M.

4. Sex **Male** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **Married,**
 6. (b) Name of husband or wife **Odessa M. Nutting** 6. (c) Age of husband or wife if alive **29** years
 7. Birth date of deceased: **March 12 1910**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **March 25 1944 to March 29 1944**
 that I last saw him alive on **March 29 1944**
 and that death occurred on the date and hour stated above.
 Immediate cause of death: **Pulmonary infarction** Duration

8. AGE:	Years	Months	Days	If less than one day
	34	0	18	hr. min.

Due to **lobar pneumonia** **3 days**
 Due to

9. Birthplace: **Iowa,** (City, town, or county) (State or foreign country)

10. Usual occupation: **Auto Painter,**

11. Industry or business **x**

Other conditions **none.**
 (Include pregnancy within 3 months of death)

MOTHER FATHER
 12. Name **Unknown,**
 13. Birthplace **Unknown,** (City, town, or county) (State or foreign country)
 14. Maiden name **Unknown,**
 15. Birthplace **Unknown,** (City, town, or county) (State or foreign country)

Major findings:
 Of operations **100**
 Of autopsy

16. (a) Informant **Mrs. Odessa M. Nutting,**
 (b) Address **1728 Jefferson, Kansas City, Mo.**

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? _____

17. (a) **urial** (b) Date thereof **4/3/44**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Forest Hill**

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

18. (a) Signature of funeral director **Stine & McClure,**
 (b) Address **3235 Gillham Plaza, K. C., Mo.**

23. Signature **William W. ...** (Name or other) **P.O.**
 Address **808 W. 17. K.C. Mo.** Date signed **3/31/44**

19. (a) **4-1-44** (b) **D. E. Brown**
 (Date received local registrar) (Registrar's signature)

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

Dr. Migden, 808 W. 17th
Ha 6546

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: *John H. Hurley*
Licensed Embalmer No: *4050*
P. O. Address: *Kansas City, 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.