S. No. 2
OM—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 1 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3854

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: 1316 Michigan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town K.C. 48
(If outside city or town limits, write "RURAL")
(d) Street No. 1316 Michigan 3
(If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Robert L. Tutt
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M 2
5. Color or race Col
6. (a) Single, widowed, married, divorced Mar. 1
6. (b) Name of husband or wife Maggie Tutt
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Sept. (Month) 20 (Day) 1875 (Year)

8. AGE: Years 69 Months 11 Days 23 If less than one day hr. min.

9. Birthplace Centralia (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Barber
11. Industry or business Self
FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unk. 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unk. 9 (State or foreign country)
16. (a) Informant Maggie Tutt, wife
(b) Address 1316 Michigan
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-17-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Highland
18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K.C. Mo
19. (a) 9-17-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year 1945 hour 5 minute 5A. M.
21. I hereby certify that I attended the deceased from 8-10-45 8-13 1945, to 9-13-45 1945;
that I last saw him alive on 9-13- 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Disease of Heart

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 92 d

Of autopsy None

Duration

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 [illegible] (M. D. or others)
Address 1572 N. 5th Date signed 9/16/45

(Licensed Embalmer's Statement on Reverse Side)

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 A. T. Moore

Licensed Embalmer No. 948

P. O. Address.....

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.