

FILED JAN 31 1946

Registration District No. **149**

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:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **8 Weeks** (Specify whether
In this community **70 Years** years, months or days)

3. (a) PRINT **GEORGE C. UTLEY**
FULL NAME

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **April 14 1860**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	8	25	hr. min.

9. Birthplace **Brookfield Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired 1927**

11. Industry or business **K. C. Southern**

MOTHER FATHER {

12. Name **Don't Know**

13. Birthplace **Don't Know** 9
(City, town, or county) (State or foreign country)

14. Maiden name **Don't Know**

15. Birthplace **Don't Know** 9
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mona Couey**

(b) Address **825 Waverly Ave., Kansas City, Mo**

17. (a) **Burial** (b) Date thereof **Jan. 12-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Calvary Cemetery**

18. (c) Signature of funeral directors **JOS. A. Butler's Sons**

(b) Address **22 So. 18th. St. K.C.K.**

19. (a) **1-11-46** (b) **Heraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Wyandotte** 999

(c) City or town **Kansas City** 14
(If outside city or town limits, write "RURAL")

(d) Street No. **825 Waverly Avenue** 0 2
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **9** year **1946** hour **8** minute **50 P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw ~~him~~ alive on **4/16** and that death occurred on the date and hour stated above.

Immediate cause of death **Circulatory Failure** **Fracture of Rt. Femur**
Injury by Fall

Due to **Fracture of Rt. Femur**

Due to **Injury by Fall**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **1860-5**

Of autopsy **See Above**

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) **accident 136**

(b) Date of occurrence **1-11-46 January 11 1946 8:50 pm**

(c) Where did injury occur? **Kansas City, Wyandotte Co., Mo.**

(d) Did injury occur in or about **home**, on farm, industrial place, in public place?

While at work? **No** (Specify type of place) Means of injury **Trauma**

23. Signature **A. E. Woster** (M. D. or other **M.D.**)

Address **2800 Main, K.C. Mo** Date signed **1/10/46**

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..... **Quirk & Tobin**

..... Licensed Embalmer No.....

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.