

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 28 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33492  
Registration District No. 149  
Primary Registration District No. 1002  
Registrar's No. 4367

1. PLACE OF DEATH:  
(a) County JACSON  
(b) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution; 2619 LINWOOD BLVD. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 14 YEARS (Specify whether years, months or days)  
In this community. 14 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County JACSON  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2619 LINWOOD BLVD.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME MRS. EMMA JANE CUTTER  
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. ALBERT CUTTER  
6. (c) Age of husband or wife if alive. years  
7. Birth date of deceased OCTOBER 15 1886 1867  
(Month) (Day) (Year)

8. AGE: Years 79 80 Months 0 Days 1  
If less than one day hr. min.

9. Birthplace BALTIMORE MARYLAND  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER  
12. Name JOSEPH PILCHER  
13. Birthplace BALTIMORE MARYLAND  
(City, town, or county) (State or foreign country)  
14. Maiden name SARAH McRELVEY  
15. Birthplace BALTIMORE MARYLAND  
(City, town, or county) (State or foreign country)

16. (a) Informant MR. LEON E CUTTER  
(b) Address 2619 LINWOOD BLVD

17. (a) BURIAL (b) Date thereof OCT-12-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. V. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLYD

19. (a) 10-18-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month OCTOBER day 16 TH  
year 1946 hour 7 minute 10 A. M.  
21. I hereby certify that I attended the deceased from June 1 1946 to Oct. 14 1946  
that I last saw alive on Oct. 14 1946  
and that death occurred on the date and hour stated above.  
Immediate cause of death Uremia Duration 4 days

Due to Arteriosclerosis renal and generalized over 1 year

Due to  
Other conditions senile dementia over 1 yr.  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: Of operations  
Of autopsy  
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) none  
(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) (c) Means of injury

23. Signature James H. James (M. D. or other)  
Address 1103 Grand ave., 106 Jea Date signed 10-16-46

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

1-4:30

**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 Melvin Miller

Licensed Embalmer No. 4407

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.**