

No. 2  
12-45  
5-17-39  
X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5108  
Registrar's No. 504

FILED FEB 17 1947

Registration District No. 1947 Primary Registration District No. 1002

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:  
2917 E. 27th Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether  
In this community 27 years  
years, months or days)

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. 2917 E. 27th Street  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Henry TUTCHER  
3. (b) If veteran, name war no  
3. (c) Social Security No. 353-09-3430

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 2  
year 1947 hour 6 minutes 10 P. M.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Dorothy Tutcher  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased September 26, 1872  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5/6/1945 to 2/2/1947  
that I last saw him alive on 2/2/1947  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
74 4 6 hr. min.

Immediate cause of death: myocardial degeneration and failure  
Due to Generalized inanition of old age  
Duration \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Ottawa, Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Salesman

11. Industry or business Jas. Vaughan Sales Agency

12. Name Albert Tutcher  
13. Birthplace London, England  
(City, town, or county) (State or foreign country)  
14. Maiden name Eliza Jane Young  
15. Birthplace Allegheny, Pa.  
(City, town, or county) (State or foreign country)

Major findings: 939  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Emmett L. Tutcher  
(b) Address 2917 E. 27th; K. C., Mo.

17. (a) Burial (b) Date thereof 2-4-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Melody-McGilley-Eylar  
(b) Address Kansas City, Missouri

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? \_\_\_\_\_

19. (a) 2-3-47 (b) Sheraldine Holmes  
(Date received local registrar) (Registrar's signature)

23. Signature Paul G. Stephens (M. D. or other) DD  
Address 3. E. 39th Date signed 2/3/47

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

MOTHER FATHER

Dr. Chas. B. Stephenson

3 E. 39th

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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.....

*C. Dean Cole*

Registered Apprentice No. *408*

working under my personal supervision.

Signed

*Russell W. France*

Licensed Embalmer No. *4255*

P.O. Address *K. C. 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.**