

FILED APR 14 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1555

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: Northeast Restorium 3240 Noledge  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 mos. (Specify whether  
 In this community 46 yrs 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. 3240 Noledge (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emma Utes

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Charles Utes 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased Jan 23 1858  
 (Month) (Day) (Year)

8. AGE: Years 89 Months 2 Days 9 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Isaac Gudberry

13. Birthplace Ind 1  
 (City, town, or county) (State or foreign country)

14. Maiden name no Record

15. Birthplace no Record 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Geraldine D. Stuart

(b) Address 135 Garfield

17. (a) Burial (b) Date thereof Apr 5 1947  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City, Missouri

19. (a) 4-4-47 Waldine Holmes  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd.  
 year 1947 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from Person 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumo-pneumonia Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 107  
 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy yes as above

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? \_\_\_\_\_

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

23. Signature J. M. Walker (M. D. or other) Conid

Address 1924 2nd St Date signed 4-3-47

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

MOTHER FATHER

Dr. McGrath  
Osteopathic Hospital  
11th. & Harrison  
11/30 Go to Hospital and  
talk to the Dr.

**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 Dean Twens

Licensed Embalmer No. 4280

P. O. Address 918 Brooklyn  
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.**