

Registration District No. 149

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: Sheffield Steel Corporation
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 30 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson
(c) City or town: Independence
(If outside city or town limits, write "RURAL")
(d) Street No.: 302 N. Liberty
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: MR. GEORGE WILLIAM UTLEY

3. (b) If veteran, name war: World War I 3. (c) Social Security No.: 515-09-6208

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Blanche Marie Utley 6. (c) Age of husband or wife if alive: 49 years
7. Birth date of deceased: Oct. 9, 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 3 14hr.min.

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

10. Usual occupation: Machinist

11. Industry or business: Sheffield Steel Corp.

MOTHER FATHER

12. Name: Geo. C. Utley

13. Birthplace: Brookfield, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name: Emma Gray

15. Birthplace: Lighthouse, Mich.
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Blanche M. Utley

(b) Address: 302 N. Liberty Independence, Mo.

17. (a) burial (b) Date thereof: 1/26/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Hope Cem. K.C. Kans.

18. (a) Signature of funeral director: Geo B. Carson

(b) Address: Independence, Mo.

19. (a) 1-24-48 (b) Heroldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23
year 1948 hour 6:10 minute A M

21. I hereby certify that I attended the deceased from 1937 to 1-23 1948
that I last saw him alive on 1-28 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Cornary Sclerosis
Due to:
Due to:

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

Major findings: 93
Of operations:

Of autopsy:

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?

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

(Specify type of place) While at home (e) Means of injury

23. Signature: Heroldine Holmes (M. D. or other) 2

Address: Independence, Mo. Date signed: 1-22-48

Duration

8 yrs

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

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.....

Tom D. Markland

Registered Apprentice No. *40*

working under my personal supervision.

Signed.....

R. L. Lisle

Licensed Embalmer No. *4123*

P. O. Address *Independence, 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.