

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1427

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. MARYS HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 WEEK (Specify whether)

In this community 40 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. 5641 MONTEGALL
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME NETTIE CUTHIP

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 30
year 1948 hour 3 minute 00 M.

21. I hereby certify that I attended the deceased from March 11, 1948 to March 30, 1948
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife TAYLOR CUTHIP

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased FEBRUARY 11 1880
(Month) (Day) (Year)

Immediate cause of death acute circulatory collapse Duration 5 min.

Due to acute hemorrhagic pancreatitis 10 day

Due to _____

8. AGE: Years Months Days If less than one day

68 1 19 hr. min.

9. Birthplace HILLS DALE KANSAS 1
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business AT HOME

12. Name JAMES R. STEPHENS 1

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

14. Maiden name NANCIE HARRISON

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

16. (a) Informant STEPHEN CUTHIP

(b) Address 5328 ENCLID

17. (a) BURIAL (b) Date thereof 4-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAN

18. (a) Signature of funeral director A. W. Newcomer's Sons

(b) Address 1401 B 1/2 mile Creek Blvd.

19. (a) 4-1-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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

Major findings: Of operations 128

Of autopsy _____

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 A. W. Newcomer's Sons (M. D. or other) _____
Address 1072 Crystal Blvd. Date signed 3/31/48

Angela Bell

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 *D. D. Noflinger*

Licensed Embalmer No. *3988*

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.