

State File No. \_\_\_\_\_

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 174

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town RURAL PRAIRIE TWP  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: JACKSON COUNTY HOME FOR AGED WHITE  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 203R-11Mo - 12DA  
(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. W. Main  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRED UTT

(b) If veteran, name war No

(c) Social Security No. 7-

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced W 21

6. (c) Age of husband or wife if allye \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased 5 1884  
(Month) (Day) (Year)

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

64 4 6 hr. min.

9. Birthplace WHITE CLOUD KANS. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

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

MOTHER FATHER

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant JACKSON COUNTY HOME RECORDS

(b) Address RR-144 - INDEPENDENCE - MO.

17. (a) Anatomical (b) Date thereof 9-18-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation K. C. COLLEGE OF SURG.

18. (a) Signature of funeral director N. B. Gansford

(b) Address 1212 S. Summit St.

19. (a) SEPT 18, 1948 (b) Donald C. Gansford  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month SEPT day 12  
year 1948 hour 4:00 minute PM M.

21. I hereby certify that I attended the deceased from June 1, 1948 to Sept 12, 1948  
that I last saw him alive on Sept 11, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis

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

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations gms

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? \_\_\_\_\_ (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. W. Green (M. D. or other) \_\_\_\_\_

Address Independence Date signed 9/18/48

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

WRITE PLAINLY - USE 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *H. B. Langford*  
Licensed Embalmer No. *3833*  
P. O. Address *Gees Summit Pa*

**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.**