REC'D JUL 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22066
Do not use this space.

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1. PLACE OF DEATH
(a) County Jackson — Registration District No. 400
(b) Township Prairie Home — Primary Registration District No. 5553B — Registered No. 116
(c) City ~~Kansas City~~ (d) Street No. Jackson Co. Home for Aged St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary A. Hofmeister 153
(a) Residence, No. Home for aged St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mckngan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18-57
7. AGE — YEARS 81 — MONTHS 3 — DAYS 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk Ohio

FATHER
13. NAME James Hunnee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk Ohio

MOTHER
15. MAIDEN NAME Emily Augustus
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk Ohio

17. INFORMANT R. B. Hunnee (ADDRESS) 1936 Monroe
18. BURIAL, CREMATION, OR REMOVAL PLACE Cremate DATE June 10 1938
19. FUNERAL DIRECTOR (NAME) Eyler Funeral Home (ADDRESS) K.C. Mo
20. FILED June 9 1938 William T. Fielle Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1938 to 6-8 1938
I last saw h. alive on 6-6 1938 Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile debility	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. V. Greene, M. D.
(Address) Independence Mo

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(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

End.

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.