

Registration District No. 399 Primary Registration District No. 1002

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:  
5245 Wayne Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution -----  
In this community 50 Years  
years, months or days (Specify whether)

8. (a) PRINT FULL NAME Mr. Phillip Henry Lunt 530  
3. (c) Social Security No. None  
3. (b) If veteran, name war -----

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mrs. Martha Lunt 6. (c) Age of husband or wife if alive ----- years  
7. Birth date of deceased August 24 1857  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>6</u>	<u>13</u>	<u>hr. min.</u>

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

10. Usual occupation Motorman

11. Industry or business K. C. Public Service Co.

MOTHER FATHER { 12. Name John Wesley Lunt  
18. Birthplace Epping New Hampshire  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Hosmer  
15. Birthplace Concord Massachusetts  
(City, town, or county) (State or foreign country)

16. (a) Informant Sullivan  
(b) Address 2240 Wayne Ave.

17. (a) Burial (b) Date thereof Mar. 9, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director W. H. Newcomb's son  
(b) Address 1401 Brush Creek Blvd.  
Mo. 8, 1940

19. (a) (Date received local registrar) (b) M. M. Crowe  
(Registrar's signature)

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. 5245 Wayne Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? ----- years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 7th  
year 1940 hour 6 minute 15 A. M.  
21. I hereby certify that I attended the deceased from Jan 15, 1937  
March 7 19 40  
that I last saw h. in alive on March 6 19 40  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Myocarditis when  
936  
Arterio Sclerosis when  
Due to -----  
Due to -----  
Other conditions (Include pregnancy within 3 months of death) -----

PHYSICIAN  
Major findings: -----  
Of operations -----  
Of autopsy -----  
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 W. H. Newcomb (M. D. or other)  
Address 915 Ogden Bldg. K.C. Mo. Date signed 3-7-40

LUNT

Wright

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 C. Harvey Quisenberry

Licensed Embalmer No. 4070

P. O. Address 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, above space should be left blank.