

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2864**

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:
5210 Norledge Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community, 32 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. 5210 Norledge Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME Mrs. Mary Erkel Hunt **530**

3. (c) Social Security No. None
8. (b) If veteran, name war No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Heman B. Hunt 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 5 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>10</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Danville Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business At Home

MOTHER FATHER { 12. Name Unknown Erkel
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Suzanna Cudlip
15. Birthplace Unknown England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Hunt Datsford
(b) Address 5210 Norledge

17. (a) Cremation (b) Date thereof July 18 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director D.W. Newcomer Sr.

(b) Address 1401 Brush Creek Blvd.

19. (a) July 17, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1940 hour 8 minute 15 A.M.

21. I hereby certify that Caroline deceased from _____, 19____, to _____, 19____, that I last saw her alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death _____

Hypertensive cardio-vascular
Due to renal disease | 21 |

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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? (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) (Specify means of injury) 5

23. Signature Caroline (M. D. or other) _____
Address K.P. Mo. Date signed _____

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 *Emile M. Calhoun*

Licensed Embalmer No. *3506*

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.