

Registration District No. **399**

Primary Registration District No. **1002**

FILED DEC 11 1940

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: **K.C. General Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 days**
(Specify whether
In this community **2 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. **3617 Smart**
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME **HARRY HUNDLEY**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **710-03-9548**

4. Sex **Female** 5. Color **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Wanda Lee** 6. (c) Age of husband or wife if alive **28 yrs**
7. Birth date of deceased **Dec 17 - 1908**
(Month) (Day) (Year)

8. AGE: Years **31** Months **10** Days **21** If less than one day hr. _____ min. _____

9. Birthplace **Jatan Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer-Band Machine**

11. Industry or business **Barrel Factory**

12. Name **Hampton Wade Hundley**

13. Birthplace **Potter Kansas**
(City, town, or county) (State or foreign country)

14. Maiden name **Ida Large**

15. Birthplace **no**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Warray Hundley**

(b) Address **3617 Smart St. Kansas City Mo**

17. (a) **Burial** (b) Date thereof **11-19-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Parkville Cemetery**

18. (a) Signature of funeral director **Leahud St. Francis**

(b) Address **Parkville Mo**

19. (a) **11-19-40** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **Nov.** day **8th**
year **1940** hour **12** minute **50 P** M.

21. I hereby certify that I attended the deceased from **10-19-40**, 19____, to **11-8-40**, 19____;
that I last saw him alive on **11-8-40**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **AGRAMULOCYTOSIS WITH MASSIVE INTERSTITIAL HEMORRHAGES**

Due to _____
Due to **74**

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

Major findings: Of operations _____

Of autopsy **See above**

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) (a) Means of injury _____

23. Signature **Dr. R. Brown** (M. D. or other) _____
Address **Med. Dir. K.C. Gen. Hospital** Date signed **11-9-40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

C

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 ME

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

Signed Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville 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.