

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1484
Registrar's No. 444

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: Wheatley Provident Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community 10 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Brenda Joyce Hunt

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

4. Sex Fe 5. Color or race Col 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased March 11 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 17 hr. min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name James Hunt
13. Birthplace Oklahoma
(City, town, or county) (State or foreign country)
14. Maiden name Willa Green
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant James Hunt
(b) Address 3816 East 16th St.

17. (a) burial (b) Date thereof 1/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Thaddeus Brown
(b) Address 1729 Lydia

19. (a) Jan 30, 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3816 East 16th St.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28
year 1941 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from 1/24/41, 1941, to 1/28/41, 1941, that I last saw him ~~her~~ alive on 1/28/41, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

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

Major findings: Of operations _____
Of autopsy 9

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) Manner of injury !
23. Signature Eugene J. ... (M. D. or other)
Address 1214 ... Date signed 1/29/41

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

B. B. Perry.

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.....

Isaac Jerome Manlove

Licensed Embalmer No.....

3994

P. O. Address.....

1120 E. 23rd St

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.