

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2036

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: 2509 Brooklyn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
(Specify whether years, months or days)

In this community About 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town K.C.
(If outside city or town limits, write "RURAL")

(d) Street No. 2509 Brooklyn
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Ada Annabell Hunter

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Fe 3 5. Color or race Col. 6. (a) Single, widowed, divorced, MARRIED

6. (b) Name of husband or wife Ollie Mosses Hunter 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Oct. 25 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>6</u>	<u>27</u>	_____ hr. _____ min.

9. Birthplace Clinton O. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation maid

11. Industry or business Mrs. Peggory 3628 Locust

12. Name Haskman

13. Birthplace unk. 9
(City, town, or county) (State or foreign country)

14. Maiden name minerva Hannon

15. Birthplace unk. 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ollie M. Hunter, husband

(b) Address 2509 Brooklyn

17. (a) Burial (b) Date thereof 5-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles, Mo.

18. (a) Signature of funeral director Adriano Bras.

(b) Address 2000 E. 12th

19. (a) May 24 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1941 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from 3-8-41 to 5-23-41

that I last saw her alive on 5-23-41 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Sudden

Due to Hypertension

Due to _____

Other conditions g2W
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration _____

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 P. J. Barney (M. D. or other) MD

Address Paris City, Mo. Date signed 5-23-41

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 Edw. J. Evans

Licensed Embalmer No. 3836

P. O. Address.....

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.