

FILED NOV 13 1941

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 3894

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 4336 Woodland  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 042  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4336 Woodland  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James William Hunter

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, married  
 6. (b) Name of husband or wife Emma L. Hunter 6. (c) Age of husband or wife if alive 58 years  
 7. Birth date of deceased Feb. 8, 1965  
 (Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Jerseyville, Illinois  
 (City, town, or county) (State or foreign country)

10. Usual occupation Moving & Storage

11. Industry or business J. W. Hunter & Son

MOTHER FATHER { 12. Name Levi Hunter

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

14. Maiden name Frances  
 (City, town, or county) (State or foreign country)  
 15. Birthplace Scotland  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma L. Hunter

(b) Address 4336 Woodland

17. (a) burial (b) Date thereof 10/20/41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director R. V. Lindsey & Sons

(b) Address 3811 Broadway

19. (a) 10/18/41 (b) M. M. Crowe  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 17  
 year 1941 hour 7:55 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Sept 29, 1941, to October 17, 1941;  
 that I last saw him alive on Oct 16, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia Central Cerebral Thrombosis  
 Due to \_\_\_\_\_  
 Due to 83-1

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration

Always

PHYSICIAN

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 J. M. Colman (M. D. or D. O.)  
 Address 3811 Broadway Date signed 10/18/41

Dr. G. G. Mc Calman  
3850 Riverside  
(over drug store)

1-5-

**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 Leon A. Stewart  
Licensed Embalmer No. 4177  
P. O. Address Kansas City, 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, fact should be so stated above.**