S. No. 2
4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1274

Primary Registration District No. 1002

Registrar's No. 425

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: 3316 Bellfountaine /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 20 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Mo. (b) County Jackson 9
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 3316 Bellfountain
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Adesta F. Huntington

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Fe. /

5. Color or race Wh.

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Wm. E. Huntington

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

7. Birth date of deceased Febr. (Month) 21 (Day) 1865 (Year)

8. AGE: Years 75 Months 11 Days 8 If less than one day hr. min.

9. Birthplace Williamburg (City, town, or county) Pa. (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name John Henderson
13. Birthplace Blair Co. (City, town, or county) / Pa. (State or foreign country)

MOTHER
14. Maiden name Amanda Snider
15. Birthplace Williamsburg (City, town, or county) / Pa. (State or foreign country)

16. (a) Informant Mrs. Gladys Cort
(b) Address 3316 Bellfountain

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 31-42 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K.C.Mo.

19. (a) 1-31-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29 year 1942 hour 10:40 minute A. M.

21. I hereby certify that I attended the deceased from Oct 1, 1941, to Jan 29, 1942, that I last saw her alive on Jan 29, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pernicious Anemia	1 yr
Due to Pernicious Anemia	1 yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 [illegible] (M. D. or other)
Address 715 Argyle Bldg Date signed 1 30 42

(Licensed Embalmer's Statement on Reverse Side)

No. [illegible] Wright Bldg
Va. 3424

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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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.