

S. No. 2  
M-9-4-41  
v. 5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9657

State File No. 5000

APR 8 1942  
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1153

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

48  
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1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3214 Michigan Ave  
(If not in hospital or institution, write street number or location)

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

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town 3214 Michigan Ave  
(If outside city or town limits, write "RURAL")

(d) Street No. Kansas City Missouri  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

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3. (a) PRINT FULL NAME Mrs Emma Jane HITE

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th  
year 1942 hour 2 minute AD. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Phil T. Hite

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased April 10 1888  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1940 to March 20 1942  
that I last saw her alive on March 18 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

53	11	10	hr. min.
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Immediate cause of death Generalized carcinomatous

Due to Cancer of heart

Due to 50

Other conditions None  
(Include pregnancy within 3 months of death)

Duration 6 mos

1 1/2 yrs.

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

10. Usual occupation Housewife

11. Industry or business At Home

Major findings:  
Of operations.....  
Of autopsy.....

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

MOTHER FATHER

12. Name John Gunzenhauser

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

14. Maiden name Agnes R. Haig

15. Birthplace Unknown Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Phil T. Hite

(b) Address 3214 Michigan Ave

17. (a) Burial (b) Date thereof 3-23-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

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

18. (a) Signature of funeral director Melody-McGilley

(b) Address Kansas City Missouri

19. (a) 3-22-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

23. Signature E. J. Parsons (M. D. or other) 0  
Address Phoena Met City Date signed 3-21-42

**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.....

Licensed Embalmer No.....

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.**