U. S. No. 2
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5-17-3
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16985

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2319

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K.C.T.B. 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 m. 2 d. (Specify whether

In this community 2 yrs. years, months or days)

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. 1106 Paseo 8 (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Juanita Hunt

3. (b) If veteran, name war — 3. (c) Social Security No. 489-26-9122

4. Sex F 3 | 5. Color or race colored | 6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Kermit Hunt | 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased Feb. 7 (Month) 1918 (Day) (Year)

8. AGE: Years 25 | Months 3 | Days 15 | If less than one day ... hr. ... min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Peter Lane 1
13. Birthplace Toba N.C. Louisiana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Mack
15. Birthplace unknown La 1 (City, town, or county) (State or foreign country)

16. (a) Informant Records K.C.T.B. Hosp

(b) Address K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-21-43 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem.

18. (a) Signature of funeral director Pest. Appleton Jones

(b) Address City

19. (a) 5-20-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17 year 1943 hour 5 55 minute P M.

21. I hereby certify that I attended the deceased from 3-25-43, 19 , to 5-17, 1943 that I last saw her alive on 5-17, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	3 mos.
Due to 13 B'	
Due to	
Other conditions Tuberculosis Enteritis (Include pregnancy within 3 months of death)	2 mos.

Major findings:
Of operations
Of autopsy F.A. Pul. tbc. bilateral tbc. enteritis + fat. metamorphosis

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Matthew J. Noon (M. D. or other)

Address K.C.T.B. Hosp. Date signed 5/17/43

(Licensed Embalmer's Statement on Reverse Side)

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. 2710

P. O. Address. K. C. (8) 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.