

FILED AUG 14 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3350

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:
Locarnot Apartments / 235 Ward Parkway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no.
(Specify whether years, months or days) 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. Locarno Apartments, 235 Ward Parkway
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Margaret Hungerford

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

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Dr. Charles L. Hungerford 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased September 28 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>10</u>	<u>3</u>	hr. _____ min.

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

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Jane Millett

(b) Address Locarno Apartments, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-43
(Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, mi.

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 8-2-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st
year 1943 hour 5:30 minute a. M.

21. I hereby certify that I attended the deceased from July 31st to July 31st 1943 and that I last saw her alive on July 31st 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Gen. arteriosclerosis

Due to 830

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____

Duration

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 Professional Self (M. D. or other) _____ Date signed 8-2-43

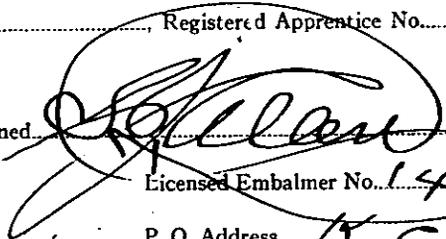
WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

Dr. McPherson, Prof. Bldg.

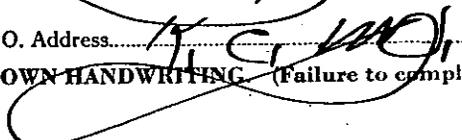
STATEMENT BY LICENSED EMBALMER

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. 1413.....

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.