

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23903**
Registrar's No. **3274**

FILED AUG 11 1943

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **3274**

1. PLACE OF DEATH:

(a) County Kansas

(b) City or town Kansas City

(c) Name of hospital or institution: St. Mary's Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 28 min
(If not in hospital or institution, write street number or location)

In this community 28 min Specify whether
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte **999**

(c) City or town Kansas City **14**
(If outside city or town limits, write "RURAL")

(d) Street No. 2020 Bristol
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME John Thomas Hunt

3. (b) If veteran, name war no

3. (c) Social Security No. N. B.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th
year 1943 hour 1:40 minute 0 A. M.

21. I hereby certify that I attended the deceased from 1:20 P.M.
19... to 1:40 P.M. 19...
that I last saw him alive on 19...
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race W

6. (a) Single, widowed, married, divorced N. B.

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased 7-26-43
(Month) (Day) (Year)

Immediate cause of death Short cord - arterial neck strangulation from cord

Due to 1600

Other conditions (Include pregnancy within 3 months of death)

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

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

10. Usual occupation N. B.

Physician

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business

12. Name Paul Richard Hunt

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

14. Maiden name Dorothy Welsh Farman

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

16. (a) Informant Paul R. Hunt

(b) Address 2020 Bristol N.C.K.

17. (a) Guard (b) Date thereof July 21-43
(Date of notification or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maude Hill Cem N.C.K.

18. (a) Signature of funeral director J. C. Hanson

(b) Address N. C. Hanson

19. (a) 7-27-43 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

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 C. C. ... M. D. or other

Address 242 Plaza M.D. City Date signed 7/26

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

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.