

No. 2  
-2-43  
-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 28 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1478

State File No.

88

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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: 146 N. Quincy - Grocery Store  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 40 years (Specify whether years, months or days)

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. 539 Arlington  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME FRANKLIN BLAIR HUNTER

3. (b) If veteran, No name was  
3. (c) Social Security No. 497-14-1255

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna  
6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased July 6, 1868  
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 1  
If less than one day hr. min.

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

10. Usual occupation Plumber's Helper

11. Industry or business Huber Plumbing Co.

12. Name Martin Hunter

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

14. Maiden name Unknown

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

16. (a) Informant Missolrene Hunter

(b) Address 539 Arlington

17. (a) Burial (b) Date thereof 1-10-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.  
(b) Address Kansas City, Mo.

19. (a) Date received local registrar Jan 8, 1944 (b) J. E. Brown  
(Registrar's signature)

20. DATE OF DEATH: Month Jan. day 7  
year 1944 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12/12/43 to 12/16/43  
and that death occurred on the date and hour stated above.  
that I last saw ~~her~~ alive on 12/12/43  
Immediate cause of death: Coronary sclerosis  
Due to: Atherosclerosis

Duration 5 yrs  
Due to: Atherosclerosis  
Due to: 940

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?

(Specify type of place)  
While at work? (a) Means of injury

23. Signature J. E. Brown (M. D. or other)  
Address Fairmount, Mo. Date signed

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

MOTHER FATHER

Dr. Nune

**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 W.D. Blackman

Licensed Embalmer No. 3639

P. O. Address R.C. 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.**