

FILED MAR 18 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1013

1. PLACE OF DEATH:
 (a) County Jackson, Mo.
 (b) City or town _____
 (c) Name of hospital or institution: Fenn-1
 (d) Length of stay: In hospital or institution _____
 In this community 34 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Jackson
 (c) City or town Kansas City, Mo
 (d) Street No. 1720 Fenn
 (e) Citizen of foreign country? _____
 If yes, name country _____

3. (a) PRINT FULL NAME ALMON-A HUNT
 3. (b) If veteran, name war no
 3. (c) Social Security No. 497-14-1805

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 29
 year 1944 hour 4:05 minute _____ M.
 21. I hereby certify that I attended the deceased from Feb 24, 1944, to Feb 28, 1944
 that I last saw him alive on Feb 27, 1944
 and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race wh 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife May 6. (c) Age of husband or wife if alive unk years
 7. Birth date of deceased 2-24-1873
 (Month) (Day) (Year)

Immediate cause of death: Cerebral thrombosis
 Due to Atherosclerosis
 Due to _____
 Other conditions: Cholesterol deposits, nephritis
 (Include pregnancy within 3 months of death)

8. AGE: Years 71 Months 0 Days 5
 If less than one day _____ hr. _____ min.

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings: _____
 Of operations: none
 Of autopsy: 13/4

9. Birthplace: Wis 1
 (City, town, or county) (State or foreign country)
 10. Usual occupation Watchman

11. Industry or business _____
 12. Name Eyres Hunt
 13. Birthplace Wis 1
 (City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Asberry
 15. Birthplace Wis 1
 (City, town, or county) (State or foreign country)

16. (a) Informant May Hunt
 (b) Address 1720 Fenn

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? _____
 (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 _____

17. (a) Floral Hills (b) Date thereof 3-3-42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Floral Hills
 18. (a) Signature of funeral director D. V. May
 (b) Address 7346 Swart
 19. (a) 3-3-44 (b) D. E. Brown
 (Date received local registrar) (Registrar's signature)

23. Signature J. G. Childs (M. D. or other)
 Address 922 Walnut Date signed 3-6-44

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

MOTHER FATHER

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.....

Howard G. Roe

Licensed Embalmer No. *2748*

P. O. Address. *4346 Scout.*

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.