

FILED JUN 3 1944
Registration District No. 799

Primary Registration District No. 1002

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

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:
1603 Forest
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 years years, months or days)

3. (a) PRINT FULL NAME Pearlina Mae Price Hunter
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Fe 5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Walter Hunter
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased June 6, 1893
(Month) (Day) (Year)

8. AGE: Years 50 Months 11 Days 17
If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name George Price
13. Birthplace Richmond Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Pearl Hudson
15. Birthplace Napoleon Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Opal Wynn
(b) Address 1603 Forest
17. (a) burial (b) Date thereof 5/26/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Hatkins Bros
(b) Address 1729 Lydia
19. (a) 5-26-44 (b) N. C. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
Missouri (a) State Jackson (b) County 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 8
(d) Street No. 1603 Forest (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1944 hour 9:00 AM minute AM
21. I hereby certify that I attended the deceased from 5/19/44 to 5/23/44
that I last saw her alive on 5/23/44 and that death occurred on the date and hour stated above.

Immediate cause of death Syphilitic Heart Disease with Aortic insufficiency Duration ?
Due to Syphilis ?
Due to _____
Other conditions 30x
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0
23. Signature Charles A. Holley (M. D. or other) M.D.
Address 2318 Vine St. K.C.Mo. Date signed 5/24/44

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 *Jerome Manlove*
Licensed Embalmer No. *3994*
P. O. Address *2503 Highland*

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.