

FILED AUG 3 1944

Registration District No. **11**

Primary Registration District No. **3012**

Registrar's No. **97**

1. PLACE OF DEATH:
 (a) County **Clay**
 (b) City or town **Excelsior Springs Mo**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
at home - 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community **25 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Clay 24**
 (c) City or town **Excelsior Springs Mo**
(If outside city or town limits, write "RURAL")
 (d) Street No. **Rural**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **CARIE WHITE-HUNT**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **July** day **2nd**
 year **1944** hour **11:30** minute _____ P. M.

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Charles Hunt**
 6. (c) Age of husband or wife if alive **76** years
 7. Birth date of deceased: **Pebr 6th - 1874**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
 that I last saw the deceased alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years **70** Months **5** Days **4**
 If less than one day _____ hr. _____ min.

Immediate cause of death **Coronary Occlusion** Duration
 Due to _____
 Due to _____

9. Birthplace **Clay Co Mo**
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: **Coronary Occlusion**
 Of operations _____
 Of autopsy _____

10. Usual occupation **Housewife**

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **Coronary Occlusion**
 (b) Date of occurrence **July 2nd 1944**
 (c) Where did injury occur? **RR 12 1/2 mi Clay Mo**
(City or town, county) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home on farm

11. Industry or business _____

While at work? **no** (Specify type of place) (e) Means of injury _____

MOTHER FATHER
 12. Name **Ben White**
 13. Birthplace **unknown - Ky**
(City, town, or county) (State or foreign country)
 14. Maiden name **Sally Annine Mallard**
 15. Birthplace **unknown Ky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Walter DeLooney R1**
 (b) Address **Excelsior Springs Mo**
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7-5-44**
(Month) (Day) (Year)
 (c) Place: burial or cremation **Missouri City Mo**

16. (a) Informant **Mrs Walter DeLooney R1**
 (b) Address **Excelsior Springs Mo**

23. Signature **R. C. Prather coroner** (M. D. or other)
 Address **Excelsior Springs, Mo** Date signed **7-2-44**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7-5-44**
(Month) (Day) (Year)
 (c) Place: burial or cremation **Missouri City Mo**

18. (a) Signature of funeral director **Marion Lyness**
 (b) Address **North Kansas City Mo**

19. (a) **7-5-44** (Date received local registrar) (b) **Mrs Sadie Padmon** (Registrar's signature)

23. Signature **R. C. Prather coroner** (M. D. or other)
 Address **Excelsior Springs, Mo** Date signed **7-2-44**

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-3-44

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

John S. Morton

Licensed Embalmer No. 4349

P. O. Address *North Kan City 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.