

FILED SEP 7 1944
149

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3499

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Kansas City T.B. Hosp.
(d) Length of stay: In hospital or institution 11 months & 10 days
In this community 10 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3707 Walnut
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME EUGENE M. HUNT

3. (b) If veteran, name war - no
3. (c) Social Security No. none

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

6. (b) Name of husband or wife. Hunt
6. (c) Age of husband or wife if alive 1 year 1883

7. Birth date of deceased. 8 (Month) 1 (Day) 1883 (Year)

8. AGE: Years 61 Months 0 Days 24 If less than one day hr. min.

9. Birthplace. San Antonio Texas

10. Usual occupation. Bank Clerk

11. Industry or business.

MOTHER FATHER
12. Name Joseph M. Hunt
13. Birthplace Joliet Ill.
14. Maiden name Helen Rose Hunt
15. Birthplace Carlyle Ill.

16. (a) Informant Mrs. Ora Hunt
(b) Address 212 E. 48 St. K.C., Mo.

17. (a) Burial, cremation, or removal Burial
(b) Date thereof 8/28/44
(c) Place: burial or cremation Forest Hill R.C. W.M.

18. (a) Signature of funeral director Stine & McClure
(b) Address Kansas City, Mo.

19. (a) 8-28-44 (Date received local registrar)
(b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25
year 44 hour 5 minute 40 P.M.

21. I hereby certify that I attended the deceased from 9-15 1944 to 8-25 1944
that I last saw him alive on 8-25 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary T.B. Duration

Due to 13 1/2

Other conditions tuberculous enteritis
(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?
(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 M. J. Brown (M. D. or other)
Address Kansas City, T.B. Hosp. Date signed 8-26-44

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

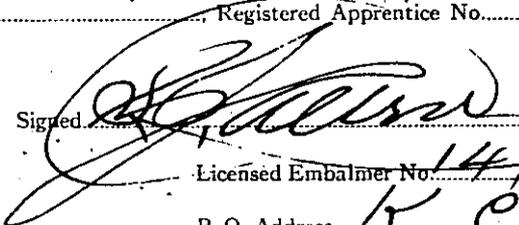
8
3
8

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. 1413

P. O. Address.....
K. 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.