

FILED OCT 24 1944
Registration District No. 199

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:
General Hosp
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 weeks
(Specify whether years, months or days)
 In this community 50 years

3. (a) PRINT FULL NAME Mrs Annie Studyvin
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

4. Sex Female 5. Color or race Wh
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife George Studyvin (Deceased)
 6. (c) Age of husband or wife if years
 7. Birth date of deceased April 8th 1863
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 23
 If less than one day 0 hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Home

11. Industry or business
 12. Name Thomas H. Hunt
 13. Birthplace South Carolina
(City, town, or county) (State or foreign country)
 14. Maiden name Goss
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary E. Moore
 (b) Address 3037 Jackson
 17. (a) Burial (b) Date thereof Oct 4th 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Eylar Funeral Home
 (b) Address 1800 Linwood Blvd
 19. (a) 10-3-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

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. 3813 Bales
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country no

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 1st
 year 1944 hour 10 minute 50 A. M.
 21. I hereby certify that I attended the deceased from 19
Deputy Coroner
 that I last saw h. at 19
 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia
Fracture of Leg
Injury By Fall
 Due to 1862-5
 Due to 16
 Other conditions 5
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations See Above
 Of autopsy See Above

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence August 31, 1944
 (c) Where did injury occur? Kansas City
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? No (Specify type of place)
 (c) Means of injury Trauma
 23. Signature A. C. Updegraff (M. D. or other)
10/5/44
 Address 10/5/44 Date signed

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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..... *Chas. E. Wilks*

..... Licensed Embalmer No. *2644*

..... P. O. Address. *1800 Lenwood*

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.