

Registration District No. **FILED NOV 28 1944**

Primary Registration District No. **5130**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Buchanan**  
(b) City or town **ARMOUR, MO., C.B. & Q. TRACKS**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**C.B. & Q. R.R. TRACKS Road 7 1/2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **NO**  
(Specify whether  
In this community **5 YEARS**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**  
(c) City or town **St. Joseph**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **520 Mitchell Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **IDA E. HUNDLEY**

3. (b) If veteran, name war **NONE**  
3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **WADE HUNDLEY**  
6. (c) Age of husband or wife if alive **64** years  
7. Birth date of deceased **MARCH 11 1888**  
(Month) (Day) (Year)

8. AGE: Years **62** Months **7** Days **12**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **BEAN LAKE, MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business **HOME**

12. Name **UNKNOWN**

13. Birthplace **UNKNOWN**  
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **UNKNOWN**  
(City, town, or county) (State or foreign country)

16. (a) Informant **WADE H. HUNDLEY, (HUSBAND)**

(b) Address **520 MITCHELL AVE., CITY**

17. (a) **BURIAL** (b) Date thereof **10/30/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **STANLEY CEMETERY**

18. (a) Signature of funeral director **John C. ...**  
(b) Address **6054 PEYOR AVE., CITY**

19. (a) **3-30-44** (b) **Walter E. ...**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **25<sup>th</sup>** year **1944** hour **3** minute **40 P.** M.  
21. I hereby certify that I attended the deceased from **on Oct 25<sup>th</sup> 1944** to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Basal Skull Fracture**  
**loss of brain substance**  
**and fatal hemorrhage**  
**Crushing injury of the chest**

Other conditions: **Woman was fatally injured in an automobile train collision on U.S. Highway # 59 and rail road crossing East of Winthrop Mo.**  
Major findings: **Highway # 59 and rail road crossing**  
Of operations: **no**  
Of autopsy: **no**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) **accident - !!**  
(b) Date of occurrence **Oct 25<sup>th</sup> 1944**  
(c) Where did injury occur? **Winthrop, Buchanan Co., Mo.**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**U.S. Highway # 59**  
(Specify type of place)

23. Signature **H. F. ...** (M. D. **Coroner**)  
Address **404 So 3<sup>rd</sup> St** Date signed **10/26/44**

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

MOTHER FATHER

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 *John C. Rupp*.....  
Licensed Embalmer No. *3986*.....  
P. O. Address *St. Joseph, 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.**