

7. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36871

FILED MAR 3 1945

State File No.

Registration District No. 149

Primary Registration District No. 1802

Registrar's No.

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:
3418 Mersington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 week (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Beulah May Hunt

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Fem 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James Orville Hunt 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased 2/29/1892
(Month) (Day) (Year)

8. AGE: Years 52 Months 11 Days 16 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business //

12. Name Arch Elliott

13. Birthplace Clinton Co., Mo. (City, town, or county) (State or foreign country)

14. Maiden name Nannie Johnson Elliott

15. Birthplace Clinton Co., Mo. (City, town, or county) (State or foreign country)

16. (a) Informant James Orville Hunt

(b) Address 3418 Mersington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/45 (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery Plattsburg, Mo.

18. (a) Signature of funeral director John P. Sheil

(b) Address Kansas City, Mo.

19. (a) 2-17-45 (Date received local registrar) (b) J. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson UX
(c) City or town 3418 Mersington ?
(If outside city or town limits, write "RURAL")
(d) Street No. Kansas City, Mo. 6
(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 2 day 15 year 1945 hour 505 minute 0 M.

21. I hereby certify that I attended the deceased from Carson 19 19 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 Suicide

Due to By hanging

Due to 1640

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations History & Inspection

Of autopsy met

Duration

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) Suicide

(b) Date of occurrence 2-15-1945

(c) Where did injury occur? 3418 Mersington K.C. Jackson Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home

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

23. Signature James Orville Hunt (M. D. or other)

Address 1824 Poplar St Date signed 2-16-45

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

MOTHER, FATHER

DEC 22 1958

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 P. Shiel*

Licensed Embalmer No. *3625*

P. O. Address..... *K. C. Med*

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.