V. S. No. 2
100M—5-43
Rev. 5-17-39
Form 1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 19 1945

Registration District No. 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8762

Primary Registration District No. 1002

Registrar's No. 917

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: Menorah Hospital (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 days
In this community: 58 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 49
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 4708 Woodland
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Mrs. Frances Evelyn Punton
3. (b) If veteran, name war: xx
3. (c) Social Security No.: None
4. Sex: Fe 1
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife: Dr. John Punton
6. (c) Age of husband or wife if alive: xx years
7. Birth date of deceased: February (Month) 4 (Day) 1860 (Year)
8. AGE: Years 85 Months 0 Days 22 If less than one day hr. min.
9. Birthplace: Paris (City, town, or county) Ky 1 (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
FATHER 12. Name: Wm. Spruill
FATHER 13. Birthplace: (City, town, or county) Ky 1 (State or foreign country)
MOTHER 14. Maiden name: Mary Babbitt
MOTHER 15. Birthplace: (City, town, or county) Ky 1 (State or foreign country)
16. (a) Informant: John Punton
(b) Address: 1010 West 57th St.
17. (a) Entombment (Burial, cremation, or removal) (b) Date thereof: 2-28-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Abbey
18. (a) Signature of funeral director: J. W. Wagner
(b) Address: Kansas City, Mo.
19. (a) 2-27-45 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26th year 1945 hour 1:00 minute P. M.
21. I hereby certify that I attended the deceased from 8-14-40, 19..., to 2-26-, 1945, that I last saw her alive on 2-26-45, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	few min.
Due to: Arterio sclerotic heart disease	10 yrs?
Due to: Arterio sclerosis	10 yrs
Other conditions (Include pregnancy within 3 months of death): 93 d.	

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: E. L. Petry (M. D. or other)
Address: 300 Argyle Bldg Date signed 2-27-45

(Licensed Embalmer's Statement on Reverse Side)

Argyle
HA 5997

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas 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.