V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12224

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1791

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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:
Home- 4132 Chestnut /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution
In this community 26 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 44

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4132 Chestnut
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mrs. Jennie E. Hunter

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Wm. R.S. Hunter

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Nov. (Month) 28 (Day) 1858 (Year)

8. AGE: Years 86 Months 4 Days 22 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name James Dripps 4
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace " " (City, town, or county) (State or foreign country) 4

16. (a) Informant Clarence Hunter
(b) Address 6206 Harrison Kansas City Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr 22nd 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Olathe Kansas

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood, Kansas City, Mo.

19. (a) 4-21-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1945 hour 5 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 2, 1945, to Apr 19th, 1945 that I last saw her alive on Apr 20th 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	3 hrs.
Due to arteriosclerosis	2 yrs.
Due to senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 830	
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

23. Signature H. E. Prentiss (M. D. or other)

Address 900 Realty Bldg Date signed 4/20/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. H.S. Prentiss
Rialto Bldg. V1-5172

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. Wilfs

Licensed Embalmer No. 2644

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.