

FILED APR 28 1945
Registration District No. 22

Primary Registration District No. 1000

Registrar's No. 446

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1515 Penn
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 53 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. 1515 Penn
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary Hunt

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1945 hour 7 minute 40 A. M.

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Horton R. Hunt

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

7. Birth date of deceased January 25 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 16-19
1945, to April 21, 1945

that I last saw her alive on April 21, 1945
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>2</u>	<u>28</u>	hr. _____ min.

Immediate cause of death Cerebral hemorrhage

Due to Chronic myocarditis

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

10. Usual occupation at home

11. Industry or business _____

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

Due to _____

MOTHER FATHER { 12. Name Simon Kiefer

13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Christina

15. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

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

16. (a) Informant Mrs. J. B. Felt

(b) Address 1515 Penn Street,

17. (a) burial (b) Date thereof 4/ 25/45
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Heater Bellola & Bowman

(b) Address 319 So. 10th Street,

19. (a) 4/24/45 (b) Helen J. Fieble
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Helen J. Fieble (M. D. or other) _____

Address 209-210 Kirkpatrick Ave Date signed 4/24/45

Dr. Raymond Smith

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 *Frank A. Downing*

Licensed Embalmer No. *1710*

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.