

UNITED STATES HEALTH DEPARTMENT  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. **3528**

Registration District No. **149**

Primary Registration District No. **1002**

**1. PLACE OF DEATH:**

(a) County **JACKSON**

(b) City or town **JACKSON**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**7229 WABASH AVENUE**  
(If not in hospital or institution, write street number or location)

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

In this community **WIFE** (Specify whether)

years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MISSOURI** (b) County **JACKSON MO**

(c) City or town **JACKSON**  
(If outside city or town limits, write "RURAL")

(d) Street No. **7229 WABASH AVENUE**  
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country.....

**3. (a) PRINT FULL NAME** **GEORGE RICHARD HUNTINGTON**

3. (b) If veteran, name was **NO**

3. (c) Social Security No. **707-14-6854**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **AUGUST** day **21** year **1945** hour..... minute **P.**

**21. I hereby certify that I attended the deceased from**  
**Dec. 16, 1943, to Aug. 21, 1945**  
that I last saw him alive on **Aug. 21, 1945**  
and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **JOSE JAYE HUNTINGTON**

6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **MAR 9 - 1883**  
(Month) (Day) (Year)

Immediate cause of death  
**Uremia**

Due to **Chr. glomeruli Nephritis**

Due to **Coronary Heart Disease**

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

**8. AGE:**

Years	Months	Days	If less than one day
<b>62</b>	<b>3</b>	<b>12</b>	..... hr. .... min.

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

10. Usual occupation **GRAND LODGE REPRESENTATIVE**

11. Industry or business **BROTHERHOOD OF RAILWAY CLERKS**

12. Name **GEORGE HUNTINGTON**

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

14. Maiden name **MARY COTT**

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

Major findings:  
Of operations..... **94a**

Of autopsy.....

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

16. (a) Informant **James Huntington**

(b) Address **BORNETT HOTEL**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **AUG 24 1945**  
(Month) (Day) (Year)

(c) Place: burial or cremation **MT. WASHINGTON CEM.**

**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?.....

18. (a) Signature of funeral director **D. H. Newcomer's Sons**

(b) Address **1401 BRUSH CREEK BLVD.**

19. (a) **8-23-45** (Date received local registrar)

(b) **Geraldine H. H.** (Registrar's signature)

While at work?..... (Specify type of place)

(c) Means of injury.....

23. Signature **George C. B.** (M., D. or other) **M. B.**

Address **1103 Grand Ave.** Date signed **8/22/45**

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

Dr. W. H. ...  
1430 Professional Bldg.  
9:30-4

**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 Emile M. Calhoun  
Licensed Embalmer No. 3506  
P. O. Address K C 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.**