

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Permit 275388
State File No. _____
Registrar's No. 227

FILED SEP 12 1945
Registration District No. 146 Primary Registration District No. 5568

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1708 Crescent / Blue Cross
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 49
(c) City or town Independence Jackson Co
(If outside city or town limits, write "RURAL")
(d) Street No. 1708 Crescent Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. LULA E. HUNTER

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

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

6. (b) Name of husband or wife Thomas Hunter 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased March 22, 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 12 If less than one day
- hr. - min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER { 12. Name Joseph Melburn

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

14. Maiden name Edna Kram

15. Birthplace _____ 0
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Hunter

(b) Address 1708 Crescent Ave Independence

17. (a) Burial (b) Date thereof Aug 13 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osage Missouri

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August 3 day _____
year 1945 hour 9th minute PM

21. I hereby certify that I attended the deceased from October 1st to August 3, 1945
that I last saw her alive on August 3, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death
Peripheral vascular disease 2 weeks
& gangrene of both feet

Dueto Diabetes mellitus Hypo

Due to _____

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

Major findings:
Of operations No operations
Of autopsy No autopsy

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) _____

(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 L. H. Allen M.D. (M. D. or other)
Address Independence, Mo. Date signed 8-4-45

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed G. H. Mitchell
Licensed Embalmer No. 3925
P. O. Address Indep. 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.