

S. No. 2
OM-5-43
v. 5-17-39
P. I X36671

32668

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 14 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4502

1. PLACE OF DEATH: **Jackson**

(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: Research Hospital
(If not in hospital or institution, write street number or location)
35 minutes

(d) Length of stay: In hospital or institution 35 years (Specify whether years, months or days)

In this community 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2329 Denver
(If rural, give location)

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

If yes, name country X

3. (a) PRINT FULL NAME Harry C. Gaunt

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Mayme E. Gaunt

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased September 6 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>1</u>	<u>24</u>	hr. min.

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

10. Usual occupation Railway Mail Clerk

11. Industry or business X

MOTHER FATHER

12. Name Samuel Gaunt

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

14. Maiden name Mary Hall

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

16. (a) Informant Mrs. Mayme E. Gaunt

(b) Address 2329 Denver, Kansas City, Mo.

17. (a) burial (b) Date thereof 10-2-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director Stine & McClure's

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-1-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30th
year 1946 hour 10:20 minute P. M.

21. I hereby certify that I attended the deceased from Monday 19 to 19 ;
that I last saw h alive on 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis

Due to felix salivaria

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings: 940

Of operations

Of autopsy
History & Inspection

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Gina White (M. D. or other)

Address Date signed 10-31-45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address N.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.