

S. No. 2
M-543
7-5-17-39
I X36871

32721

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

State File No. _____
Registrar's No. **4189**

Registration District No. 149 Primary Registration District No. 1002

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:
5105 Baltimore 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 36 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 5105 Baltimore Avenue 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANKLIN E. HUNT III

3. (b) If veteran, name war No 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Winnifred Hunt 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased December 13th 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>9</u>	<u>27</u>hr.min.

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

10. Usual occupation Voice Teacher

11. Industry or business _____

12. Name Franklin E. Hunt II

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

14. Maiden name Lydia Norton Adams

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

16. (a) Informant Mrs. Winnifred Hunt

(b) Address 5105 Baltimore Avenue

17. (a) Burial (b) Date thereof 10/ 12/ 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd Street

19. (a) 10-11-45 (b) M. J. Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th
year 1945 hour _____ minute 1:00 A.M.

21. I hereby certify that I attended the deceased from July 10, 1945 to July 10, 1945
that I last saw him alive on July 7, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary artery disease
Angina pectoris
Peptic ulcer

Due to _____
Due to _____

Other conditions: Peptic ulcer
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

Physician W. J. Holmes
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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. J. Bell (M. D. or other)
Address Proprietor of Date signed 10/11/45

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.....

Walter H. Erwin

Licensed Embalmer No.....

4352

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.