

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

FILED NOV 26 1945

STANDARD CERTIFICATE OF DEATH

State File No. 36225
Registrar's No. 4700

Registration District No. 179 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson County

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

(c) Name of hospital or institution:
General Hospital #2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9-26-45/29 days
In this community 10-26-45 unknown (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 2

(d) Street No. 1727 Bellevue
(If rural, give location) 8 0

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Amanda Hunter

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 25
year 45 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from 9-26-45/10-25-45, 1945, to 19, 1945;
that I last saw her alive on 10-25-45
and that death occurred on the date and hour stated above.

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased unknown
(Month) (Day) (Year)

Immediate cause of death Asphxia

Due to Hypertrophed Thyroid (Non-toxic Colloid)

Due to Secondary Anemia

Other conditions (include pregnancy within 3 months of death)

Major findings: 63a

8. AGE:	Years	Months	Days	If less than one day
<u>80 ?</u>				hr. min.

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

10. Usual occupation none

11. Industry or business

MOTHER FATHER {

12. Name unknown

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

14. Maiden name unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Record Clerk

(b) Address Gen. Hosp. #2-600 E. 22nd, St.

17. (a) Burial (b) Date thereof 11-19-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation guide

18. (a) Signature of funeral director Wm A Johnson

(b) Address City Medicin

19. (a) 11-14-45 (b) Bealdine Holmes
(Date received local registrar) (Registrar's signature)

Of operations 63a

Of autopsy

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?

While at work? Gen. Hosp. #2-600 E. 22nd. St. (Specify type of place) (Means of injury)

23. Signature J. C. ... M.D. (M.D. or other)

Date signed 10-25-45

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.....

Not Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Wm A. Lohmeyer

Licensed Embalmer No. *3089*

P. O. Address..... *170 Geo. H. KC*

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.