

No. 2
1-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16702
2430

FILED JUN 10 1946

Registration District No.

Primary Registration District No. 1002

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas

(c) Name of hospital or institution: K.C.T.B. Hospital

(d) Length of stay: In hospital or institution 1 yr - 10 mo - 28 days

In this community 11 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City

(d) Street No. 1521 Park

(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME HUNTER, BEULAH

3. (b) If veteran, name war NO

3. (c) Social Security No. none

4. Sex 73 5. Color or race negro

6. (a) Single, widowed, married, divorced D-3

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive 8 years

7. Birth date of deceased: Dec 8 1913

8. AGE: Years 32 Months 3 Days 19

If less than one day hr. min.

9. Birthplace Limestone Gap Oklahoma

10. Usual occupation Teacher

11. Industry or business

12. Name John H Scott

13. Birthplace Home La.

14. Maiden name Mary Cunningham

15. Birthplace Home Va.

16. (a) Informant KCTB Hospital

(b) Address Leeds Missouri

17. (a) REMOVAL (b) Date thereof 5-31-46

(c) Place: burial or cremation MUSKOGEE, OKLA

18. (a) Signature of funeral director Thym + Greenstreet

(b) Address 1819 E. 15th K.C., Mo.

19. (a) 6-1-46 (b) Heraldine Holmes

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1946 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 6 1944 to May 27 1946

that I last saw her alive on May 27 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary tuberculosis - Feb advanced

Duration Definite

Due to

Due to

Other conditions Chronic otitis media, right

Major findings: 135

Of operations

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? (Specify type of place)

(a) Means of injury

23. Signature [Signature] (M. D. or other)

Address K.C. The Hospital Date signed May 27, 1946

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

15584

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..... *J. G. Flynn*.....

Licensed Embalmer No. *4383*

P. O. Address. *1819 E. 15th 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.