No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

19565

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20633

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 172

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Independence Sanatorium 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 14 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 1400 Arlington 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Mary May Hunting

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. 29, 1931
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
14	14	7	8	hr. min.

9. Birthplace Independence, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation School girl

11. Industry or business

FATHER
12. Name Leonard Hunting 0
13. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Audrey Laudel
15. Birthplace Latham, Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard Hunting
(b) Address 1400 Arlington

17. (a) Burial, 1946 (Burial, cremation, or removal) (b) Date thereof May 9, 1946
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director C.H.Blackman &Son, Inc.
(b) Address 2825 Independence Blvd.

19. (a) May 14-1946 (Date received local registrar) (b) James L. Craig (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7, 1946
year 1946 hour 9 minute 15 M.

21. I hereby certify that I attended the deceased from April 30, 1946 to May 7, 1946; that I last saw her alive on May 7, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Septicemia Streptococcus	1 wk
Due to Retropharyngeal abscess	1 wk
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Juvenile Cirrhosis of liver, Bronchopneumonia	

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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 0

23. Signature Chas E Nickson M.D. (M.D. or other)

Address Independence Mo Date signed 5/7/46

354 (Licensed Embalmer's Statement on Reverse Side)

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 H D Blackman

Licensed Embalmer No. 3639

P. O. Address K 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.