

No. 2  
5-17-43  
1 X36671

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

State File No. **27178**  
**3333**  
Registrar's No.

Registration District No. **149** Primary Registration District No. **1002**

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

**1. PLACE OF DEATH:**  
 (a) County **Ja Jackson Hunter**  
 (b) City or town **K. C.**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**2228 Brooklyn /**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... (Specify whether  
 years, months or days) **37 yrs.**

**3. (a) PRINT FULL NAME** **James Hunter**  
**3. (b) If veteran,** **no** **3. (c) Social Security** **500-03-1511**  
 name war..... No.....

**4. Sex** **m** **5. Color or race** **col**  
**6. (a) Single, widowed, married, divorced** **mar /**  
**6. (b) Name of husband or wife** **Marie Hunter** **6. (c) Age of husband or wife if**  
**alive** **48** years  
**7. Birth date of deceased** **Feb 14 1889**  
 (Month) (Day) (Year)

**8. AGE:** Years Months Days If less than one day  
**57** **5** **17** hr. min.

**9. Birthplace** **Eskridge Kans.**  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** **Custodian**

**11. Industry or business** **Branch of Commerce**  
**12. Name** **Daneil Hunter**  
**13. Birthplace** **Tenn.**  
**14. Maiden name** **Maggie Bagwell** (State or foreign country)  
**15. Birthplace** **Tenn.** (City, town, or county) (State or foreign country)

**16. (a) Informant** **Marie Hunter**  
**(b) Address** **2228 Brooklyn**

**17. (a) Burial** **(b) Date thereof** **8-3-46**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Lincoln Cemetery**

**18. (a) Signature of funeral director** **W. K. ...**  
**(b) Address** **1229 Lydia**  
**19. (a) 8-2-46** **(b) Geraldine Holmes**  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo.** (b) County **Jackson** **46**  
 (c) City or town **K. C.** **3**  
**2228 Brooklyn** (If outside city or town limits, write "RURAL")  
**2228** (If rural, give location)  
**2228**  
 (d) Street No. (If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country.....

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Aug** day **1**  
 year **1946** hour **5** minute **15** p.m.  
**21. I hereby certify that I attended the deceased from** **March**  
**23** 19**46** to **Aug 1** 19**46**  
 that I last saw him alive on **Aug 1 1946** 19**46**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Regeneration** **9 hrs**  
 Due to **Acute Parenchymatous Nephritis** **2 wks**  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....  
 Of autopsy..... **92-15**  
**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) Means of injury.....  
**23. Signature** **M. C. Lewis** (M. D. or other)  
**Address** **Lincoln Bldg** Date signed **8/2/46**

*M. L. Lewis*

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**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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed *Jerome Manlove* .....

Licensed Embalmer No. *3894* .....

P. O. Address *2503 Highland* .....

**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.**