No. 2
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 16 1946

State File No. 30291

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3813

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~~: TRINITY LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 1 WEEK (Specify whether
In this community 26 YEARS
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")

(d) Street No. 5833 ELMWOOD AVENUE 8
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MR. WILLIAM CLYDE HUNT

3. (b) If veteran, name war No

3. (c) Social Security No. 492-14-9966

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of ~~husband or~~ wife MRS GRACE V. HUNT

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased NOVEMBER (Month) 16 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	9	18	hr. min.

9. Birthplace PAOLA (City, town, or county) KANSAS 1 (State or foreign country)

10. Usual occupation INTERIOR DECORATOR

11. Industry or business FOR SELF

FATHER
12. Name JOHN HUNT
13. Birthplace UNKNOWN (City, town, or county) KANSAS 1 (State or foreign country)

MOTHER
14. Maiden name MARY HOWARD
15. Birthplace MUNCIE (City, town, or county) INDIANA 1 (State or foreign country)

16. (a) Informant MRS. GRACE V. HUNT

(b) Address 5833 ELMWOOD AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT-7-1946 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ MEMORIAL PARK CEM.

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 9-6-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 4TH year 1946 hour 6 AM minute M.

21. I hereby certify that I attended the deceased from 8/26/46, 19 to , 19 ;
that I last saw him alive on 9-3-46, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrops Gall Bladder — Duration 8 days

Due to Cirrhosis Liver 8-9 mos

Due to Followed by Hepatic Failure

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy 124 N

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

23. Signature John H Ogilvie (M.D. or other)

Address 730 Prof Bldg Date signed 9/4/46

(Licensed Embalmer's Statement on Reverse Side)

Professional Reg.

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 Melvin Miller

Licensed Embalmer No. 4407

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.