

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9584  
Registrar's No. 555

Registration District No. 150

Primary Registration District No. 4239

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Lees Summit  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
300 Cooper St. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 45 yr (years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Jackson 48  
(c) City or town Lees Summit /  
(If outside city or town limits, write "RURAL")  
(d) Street No. 300 Cooper /  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ada Hunter  
3. (b) If veteran, No name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 1 year 1947 hour 3 minute 45 A.M.  
21. I hereby certify that I attended the deceased from 8-24 1946 to 4-1 1947  
that I last saw her alive on 3-31 1947 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death  
Adeno-Carcinoma of wall of ovary with metastases to abdomen & lungs  
Due to \_\_\_\_\_  
Duration 1 yr  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years 45 Months 8 Days 14 If less than one day hr. min.

9. Birthplace Lees Summit Mo (City, town, or county) (State or foreign country)  
10. Usual occupation Formerly - Restaurant

Major findings: Adeno-Carcinoma of ovary & metastases to abdominal organs  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name Henry M Hunter  
13. Birthplace Mo (City, town, or county) (State or foreign country)  
14. Maiden name Arrie Lee Sneedager  
15. Birthplace Ky (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Stella McKinney  
(b) Address Kansas City

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 4-3-47 (Month) (Day) (Year)  
(c) Place: burial or cremation Lees Summit Mo

18. (a) Signature of funeral director W. S. Langford  
(b) Address Lees Summit Mo  
19. (a) April 1947 (Date received local registrar) (b) Donald C. Zambour (Registrar's signature)

23. Signature [Signature] (M. D. or other) [Signature]  
Address Lees Summit Mo Date signed 4.2.47

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *M. O. Langford*  
Licensed Embalmer No. *3833*  
P. O. Address *Lees Summit, 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.**