

FILED APR 28 1947

Registration District No. 177 Primary Registration District No. 1002

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

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)
 Name of hospital or institution:
General Hospital #2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 18 Years
 years, months or days)

3. (a) PRINT FULL NAME Bernice Marie Hunt
 3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro 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 October 27, 1928
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>18</u>	<u>5</u>	<u>18</u>	_____ hr. _____ min.

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

10. Usual occupation Schoolgirl

11. Industry or business _____

12. Name James R. Hunt
 13. Birthplace Vian, Oklahoma
 (City, town, or county) (State or foreign country)
 14. Maiden name Willa Green
 15. Birthplace Kansas City, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Willa Green Hunt
 (b) Address 3816 East 16th Street

17. (a) Burial (b) Date thereof 4/18/47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Watkins Bros.
 (b) Address 1729 Cydonia Avenue

19. (a) 4-18-47 (b) Stoddard Holmes
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3816 East 16th Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 15
 year 1947 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____ 19____
 to _____ 19____
 that I last saw him _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Cardiac Failure</u>	
<u>Rheumatic Heart Disease</u>	
<u>Rheumatic Fever</u>	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations _____	PHYSICIAN Underline the cause to which death should be charged statistically.
Of autopsy <u>No - Perint</u>	

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)
 (e) Means of injury Deputy Car
 23. Signature W. Williams (M. D. or other) _____
 Address 2636 - Brooklyn Date signed _____

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.....

D.J. Manlove

Licensed Embalmer No. *3994*

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.