. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 30 1947

Registration District No. 146

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13779

Primary Registration District No. 5568

Registrar's No. 120

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town RURAL/KANSAS CITY - BROOKINGS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4001 PITTMAN ROAD
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 52 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY - RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. 4001 PITTMAN ROAD.
(If rural, give location)

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

If yes, name country ------

3. (a) PRINT FULL NAME LOUANN S. HUNTER

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MR. CHAS. A. HUNTER

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased JULY (Month) 30 (Day) 1893 (Year)

8. AGE: Years 53 | Months 8 | Days 18 | If less than one day ___ hr. ___ min.

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business HOUSEWIFE

FATHER
12. Name JOSHUA VAUGHN
13. Birthplace (City, town, or county) KENTUCKY (State or foreign country)

MOTHER
14. Maiden name MARY McKINNEY
15. Birthplace (City, town, or county) KENTUCKY (State or foreign country)

16. (a) Informant C A Hunter
(b) Address 4001 Pittman Rd.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APRIL-19-1947 (Month) (Day) (Year)
(c) Place: burial or cremation FLORAL HILLS CEMETERY

18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401-BRUSH CREEK BLVD. K.C.

19. (a) 4-19-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 17TH year 1947 hour 5 minute 50 P. M.

21. I hereby certify that I attended the deceased from ___, 19___, to ___, 19___; that I last saw h___ alive on ___, 19___; and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Coroner Strangulation

Due to Hanging

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy History & Inspection

Duration

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) Suicide

(b) Date of occurrence 4/17/47

(c) Where did injury occur? Kansas City (City or town) (County) MO (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? NO (e) Means of injury Hanging

23. Signature A. E. Upsher (M. D. or other) MDP

Address 2800 Main Date signed 4/18/47

(Licensed Embalmer's Statement on Reverse Side)

APR 30 1947

MAY 1 1947

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. Nolsinger

Licensed Embalmer No. 3938

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.