

S. No. 2
-12-45
5-17-39
X47070

FILED JUN 17 1947

Registration District No. 199

Primary Registration District No. 1002

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: 3516 Summit Street, Conv. Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 year
(Specify whether years, months or days) 3 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County 999
(c) City or town Dallas 41
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 2
(e) Citizen of foreign country? no (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Annie Elmore Hunter

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Dr. Duke Williamson Hunter 6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased November 5 1850
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
96 6 27 hr. min.

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

10. Usual occupation Retired

11. Industry or business X

12. Name Kush Elmore

13. Birthplace Alabama
(City, town, or county) (State or foreign country)

14. Maiden name Susan Nesbit

15. Birthplace Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Mabel Hunter Quarles

(b) Address 517 Knickerbacker Place, K.C., Mo.

17. (a) burial (b) Date thereof 6-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (c) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C. Mo.

19. (a) 6-3-47 Deraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2nd
year 1947 hour 2:35 minute A. M.

21. I hereby certify that I attended the deceased from 1-2-1940
1940 to 6-2-1947 1947
that I last saw her alive on 5/11 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure
Secondary chronic myocarditis

Due to fracture of hip
old ununited

Other conditions: X
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93 d

Of autopsy X

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) X

(b) Date of occurrence X

(c) Where did injury occur? X
(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) X

While working? X (e) Means of injury X

23. Signature Quarles & Beck (M. D. or other) MD

Address 1728 1st St Date signed 6/2/47

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

MOTHER FATHER

Dwaison

PHYSICIAN

Underline the cause to which death should be charged statistically.

Prof Black

Dr. Eugene Black

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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.....

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

Signed *J. Clair Shepard*

Licensed Embalmer No. *4179*

P. O. Address *K C. 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.