No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 31 1947

Registration District No. 46

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5-568

State File No. 42039

Registrar's No. 365

1. PLACE OF DEATH:
(a) County 3 Jackson
(b) City or town 1400 Arlington Independence Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 66 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 40
(c) City or town Independence Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME CHARLES SMITH HUNTING

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife May Bell

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

7. Birth date of deceased January (Month) 1 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
81	11	4	..... hr. ..... min.

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

10. Usual occupation Florist

11. Industry or business Self

MOTHER
12. Name Unknown
13. Birthplace ..... (City, town, or county) Mass (State or foreign country)

FATHER
14. Maiden name Forestal
15. Birthplace ..... (City, town, or county) Unknown (State or foreign country)

16. (a) Informant L.A.Hunting
(b) Address 1400 Arlington, Indep' Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director C. H. Blackman & Son, Inc
(b) Address 2825 Independence Blvd. C. Mo

19. (a) 12-9-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5
year 1947 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from General years, 19....., to Dec 5, 1947; that I last saw him alive on Dec 5, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic Heart disease, Coronary sclerosis myocardial failure	2 yrs. 9 days.
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death) Generalized Arteriosclerosis Hypertrophic	several yrs.

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause of 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 0

23. Signature Chas. S. Matson M.D. (M. D. or other)
Address Independence Mo. Date signed 12/5/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 O. K. McFarland

Licensed Embalmer No. H 397

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.