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

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1140

FILED JAN 20 1948

Registration District No. 19 Primary Registration District No. 1002 Registrar's No. 80

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: 1811 E 67TH STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 30 YEARS.

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.: 1811 EAST 67TH STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MRS ELIZABETH BOEHM HUNT
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. HARRY HUNT.
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: DEC. (Month) - 6 (Day) 1877 (Year)
8. AGE: Years 70 ~~69~~ Months 10 Days 29 If less than one day hr. min.
9. Birthplace: WRIGHTS. (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation: AT HOME
11. Industry or business:
FATHER 12. Name: JOHN A. BOEHM
FATHER 13. Birthplace: PERIN. (City, town, or county) ILLINOIS (State or foreign country)
MOTHER 14. Maiden name: ISABEL REYNOLDS.
MOTHER 15. Birthplace: UNKNOWN (City, town, or county) TENNESSEE (State or foreign country)
16. (a) Informant: MR. HARRY J. HUNT
(b) Address: 1811 EAST 67TH STREET
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JAN. 7 1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: FLORAL HILLS
18. (a) Signature of funeral director: O. H. Newcomer Inc
(b) Address: 1401 - BRUSH CREEK BLVD.
19. (a) 1-7-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JAN. day 5TH year 1948 hour 10:00 minute 00 P. M.
21. I hereby certify that I attended the deceased from DEC. 20, 19~~47~~ 48 to JAN 5, 19~~47~~ 48; that I last saw h~~im~~er alive on JAN 5, 19~~47~~ 48; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: A HEMORRHAGE	4 DS
Due to:	
Due to:	
Other conditions: ARTERIA SCLEROSIS (Include pregnancy within 3 months of death)	4 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) U
While at work?
(e) Means of injury
23. Signature: A C Lunsford (M. D. or other) M.D.
Address: 6565 Prospect Kcmo. Date signed: Jan 6 '48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

6944 Prospect
1-4

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 John E. Frakeing Registered Apprentice No. 504 working under my personal supervision.

Signed E Oscar Worthey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.