

FILED OCT 1 1948  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 3831

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

1. PLACE OF DEATH: *Jackson*  
 (a) County *Kansas City MO*  
 (b) City or town *Kansas City MO*  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: *Research Hospital*  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution *10 Days*  
 In this community *10 Days*  
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED: *39*  
 (a) State *Missouri*, (b) County *2*  
 (c) City or town *Springfield* *6*  
 (If outside city or town limits, write "RURAL") *1*  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? *NO* (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME *Mr Richard Hunter*  
 (b) If veteran, name war *none*  
 (c) Social Security No. *none*

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month *Sept* day *18*  
 year *1948* hour *9* minute *-* P.M.  
 21. I hereby certify that I attended the deceased from *Sept 13*, 1948, to *Sept 18*, 1948;  
 that I last saw him alive on *Sept 18*, 1948;  
 and that death occurred on the date and hour stated above.

4. Sex *male* 5. Color or race *white* 6. (a) Single, widowed, married, divorced *married*  
 (b) Name of husband or wife *Anna Hunter* 6. (c) Age of husband or wife if alive *45* years  
 7. Birth date of deceased *January 12 1900*  
 (Month) (Day) (Year)

Immediate cause of death *Primary Aplastic Anemia* Duration *2 1/2 mos.*

8. AGE: Years *48* Months *8* Days *6*  
 If less than one day hr. min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) *no*

9. Birthplace *Lickens Missouri*  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation *mechanic*  
 11. Industry or business *City utilities*  
 12. Name *William M Hunter*  
 13. Birthplace *White Hall Illinois*  
 (City, town, or county) (State or foreign country)  
 14. Maiden name *unknown*  
 15. Birthplace *unknown*  
 (City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy *same as above*

16. (a) Informant *Beit. Hunter - Bro*  
 (b) Address *Springfield, MO*  
 17. (a) *Removal* (b) Date thereof *9-19-48*  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation *Springfield, MO*  
 18. (a) Signature of funeral director *France - Wormal*  
 (b) Address \_\_\_\_\_  
 19. (a) *9-19-48* (b) *Steldine Holmes*  
 (Date received local registrar) (Registrar's signature)

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 *?*  
 23. Signature *William F. Pandey* (M. D. or other)  
 Address *220 Progenital Bldg* Date signed *Sept 19, 1948*

FEB 11 1949

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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.....

*Forrest Donald Coldenow*, Registered Apprentice No. *225*,  
working under my personal supervision.

Signed..... *Russell N France*

Licensed Embalmer No. *4255*

P. O. Address..... *K. C. MD*

**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.**