

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8442

State File No.

992

BIRTH MO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>WIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3312 BELLEFONTAINE AVENUE</u>				d. STREET ADDRESS (If rural, give location) <u>3312 BELLEFONTAINE AVENUE</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>FORREST</u>		b. (Middle) <u>WILLIAM</u>		c. (Last) <u>HUNTINGTON</u>	
4. DATE OF DEATH		(Month) _____ (Day) _____ (Year) _____		<u>FEB-28-1949</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APRIL-17-1892</u>	
9. AGE (in years last birthday) <u>56 YRS.</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DENTIST</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DOCTOR OF DENTISTRY</u>		11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>WILLIAM EVERETT HUNTINGTON</u>		13b. MOTHER'S MAIDEN NAME <u>ADESTA FIDELIS HENDERSON</u>		14. NAME OF HUSBAND OR WIFE <u>VIVIAN BELLE HUNTINGTON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VIVIAN BELLE HUNTINGTON</u> ADDRESS <u>3312 BELLEFONTAINE AVE KANSAS CITY, MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Stenosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rheumatic Fever</u> DUE TO (c) <u>X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>± 47 yrs</u> <u>± 47 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>X</u> <u>410 X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X</u> <u>X</u> <u>X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>X</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>X</u>			
22. I hereby certify that I attended the deceased from <u>Oct. 5, 1930</u> , to <u>Feb. 28, 1949</u> , that I last saw the deceased alive on <u>Feb. 19, 1949</u> , and that death occurred at <u>10:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Chas. F. Grabske</u> (Degree or title) <u>Chas. F. Grabske, M.D.</u>				23b. ADDRESS <u>1st Nat'l Bank Bldg. INDEPENDENCE, MO.</u>		23c. DATE SIGNED <u>3/1/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR. 3 1949</u>		24c. NAME OF CEMETERY OR GREMATORY <u>FOREST HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>3-3-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer</u>		ADDRESS <u>1901 BRUSH CREEK BL'VD KANSAS CITY, MO.</u>	

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Robert Ray

Signed _____

Student Embalmer

Licensed Embalmer No. 4182

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.