

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23454**

FILED AUG 12 1949

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3226

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 7 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2416 E. 22nd Street		d. STREET ADDRESS (If rural, give location) 2416 E. 22nd	

3. NAME OF DECEASED (Type or Print) a. (First) Clayton b. (Middle) c. (Last) Hunter			4. DATE OF DEATH (Month) (Day) (Year) July 22, 1949		
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 9/11/02		9. AGE (In years last birthday) 46		9. AGE (If under 1 year) (Month) (Day) (Year) (Hours) (Min.) 10 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mississippi	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Henry Lisk		13b. MOTHER'S MAIDEN NAME Luella Bracy		14. NAME OF HUSBAND OR WIFE John Hunter	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 497-26-6743		17. INFORMANT'S SIGNATURE OR NAME John Hunter	
				ADDRESS 2416 E. 22nd St.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy					
		ANTECEDENT CAUSES					
		*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.					
		DUE TO (b) Hypertension and					
		DUE TO (c) Arteriosclerosis					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
		None					

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 331X				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from March 3, 1949, to July 22, 1949, that I last saw the deceased alive on July 22, 1949, and that death occurred at 4:20 P m., from the causes and on the date stated above.

23a. SIGNATURE George H. Teft (Degree or title) <i>George H. Teft M.D.</i>		23b. ADDRESS 2204 E. 18th		23c. DATE SIGNED 7-23-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 26, 1949		24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City MO.	
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DATE REC'D BY LOCAL REG. 7-25-49		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Fannie L. Meek		ADDRESS Kansas City, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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 J. Raymond E. Wilkins
.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4654

P. O. Address K.C.

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.