

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH
State File No. 23552

FILED JUL 29 1950

3041

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3041</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY <b>JACKSON</b>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		a. STATE <b>MISSOURI</b>		b. COUNTY <b>JACKSON</b>			
c. LENGTH OF STAY (In this place) <b>31 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		d. STREET ADDRESS <b>420 Vine Street</b>		<b>3188</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>GENERAL HOSPITAL #2</b>				d. STREET ADDRESS (If rural, give location) <b>420 Vine Street</b>					
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX			
a. (First) <b>JAMES</b>	b. (Middle)	c. (Last) <b>HUNT</b>	(Month) <b>JULY</b>	(Day) <b>6</b>	(Year) <b>1950</b>	MALE <input checked="" type="checkbox"/>	FEMALE <input type="checkbox"/>		
6. COLOR OR RACE <b>NEGRO</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>AUGUST 5 1883</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>PARRIS, LOUISIANA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			
13a. FATHER'S NAME <b>MACK HUNT</b>		13b. MOTHER'S MAIDEN NAME <b>ELLA HUNT</b>		14. NAME OF HUSBAND OR WIFE <b>LAURA HUNT</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>494-12-1953</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>LAURA HUNT 420 Vine Street</b>					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA OF PROSTATE</b>				DUE TO (b) _____				DUE TO (c) _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>177A</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>4-6-</u> <u>1950</u> , to <u>7-6-</u> <u>1950</u> , that I last saw the deceased alive on <u>7-6-</u> <u>1950</u> , and that death occurred at <u>7:40P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>R. Frank Elmer</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>600 East 22nd Street</b>		23c. DATE SIGNED <b>7-10-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/12/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lincoln Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>7-12-50</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wathkins Bros. 1739 Lyden</b>					

(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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*J. James Manlove*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3994*

P. O. Address *2513 Highland*

**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.