

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23093**
2937

FILED AUG 4 1951

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

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 52 yrs.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Wheatley Provident		d. STREET ADDRESS (If rural, give location) 1306 Euclid	

3. NAME OF DECEASED (Type or Print) **Carl Vincent Hunter**

a. (First) _____ b. (Middle) _____ c. (Last) _____

4. DATE OF DEATH **July 7, 1951**
(Month) (Day) (Year)

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married**

8. DATE OF BIRTH **March 3, 1899** 9. AGE (In years last birthday) **52**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Shipping Clerk**

10b. KIND OF BUSINESS OR INDUSTRY **Unknown**

11. BIRTHPLACE (State or foreign country) **St. Joseph, Missouri**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Alexander Hunter** 13b. MOTHER'S MAIDEN NAME **Carrie Baker** 14. NAME OF HUSBAND OR WIFE **Marie Hunter**

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. **494-12-8680**

17. INFORMANT'S SIGNATURE OR NAME **Ethel Johnson** ADDRESS **7153 St. Lawrence**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Broncho pneumonia (terminal)**

ANTECEDENT CAUSES
DUE TO (b) **Toxemia**
DUE TO (c) **Bronchogenic carcinoma Primary**

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **Left 8/16/2X**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **5-19-51**, 19**51**, to **July 7**, 19**51**, that I last saw the deceased alive on **July 6**, 19**51**, and that death occurred at **5:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Royall B. Fleming M.D.** 23b. ADDRESS **1433 8-19th** 23c. DATE SIGNED **7/10/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **7/11/51** 24c. NAME OF CEMETERY OR CREMATORY **Highland Cemetery** 24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **7-11-51** REGISTRAR'S SIGNATURE **Geraldine Holmes** 25. FUNERAL DIRECTOR'S SIGNATURE **Richard Ross** ADDRESS **18th & Benton**

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Fleming

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.

Student
Student Embalmer

Signed _____

Bruce R. Watkins

Licensed Embalmer No. *2500*

P. O. Address *18th & Benton*

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.