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3-40
39
23159

Registration District No. 398

Primary Registration District No. 3019

Registrar's No. 177

1. PLACE OF DEATH:

(a) County. Jackson

(b) City or town. Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Independence Sanitarium & Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days
(Specify whether in this community 28 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence
(If outside city or town limits, write "RURAL") 5

(d) Street No. 502 N. River Blvd.
(If rural, give location) 0

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME. ETTA HUNT

3. (b) If veteran, name war. No

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1941 hour 3 minute 50 P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles J. Hunt 6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased 11 22 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>7</u>	<u>9</u>	hr. _____ min. _____

Immediate cause of death cerebral edema - pulmonary edema - arteria supelentia

Due to _____

Due to _____

9. Birthplace Glidden Iowa
(City, town, or county) (State or foreign country)

Other conditions Paresis agitans
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business XXXXXXXXXXXX

MOTHER FATHER { 12. Name Samuel Duckett

13. Birthplace NO RECORD
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Doak

15. Birthplace No Record
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy 87C

Underline the cause to which death should be charged statistically.

16. (a) Informant Charles J. Hunt

(b) Address 502 N. River Blvd.

17. (a) Burial (b) Date thereof July 3, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 120

(b) Date of occurrence _____

(c) Where did injury occur? road
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Therese Stalt

(b) Address 815 W. Maple Ave. 360

19. (a) July 3 41 (b) L. Cook M.D.
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature John Green (M. D. or other) 0

Address Independence Date signed July 3 41

WRITE PLAINLY—USE 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~~.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Clifton L. Kelly

Licensed Embalmer No.

4225

P. O. Address.....

Independence, 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.