

SEP 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28218
Do not use this space.

1. PLACE OF DEATH
 (a) County Barry Registration District No. 30
 (b) Township..... Primary Registration District No. 3003
 (c) City Monett (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Minerva E. Hunt
 (a) Residence, No. 303 7th. St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF James Hunt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 0 24

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At. Home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Indiana
 13. NAME Jonathan Faust
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
 15. MAIDEN NAME Matilda E. McElhanev
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Grover C. Faust
303 7th. St., Monett, Mo.

18. BURIAL PLACE Bluff Cemetery, Springdale, Ark. DATE Aug. 10, 1938

19. FUNERAL DIRECTOR (ADDRESS) Callaway's
Monett, Mo.

20. FILED 8-9- 1938 W.M. West
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1938, to Aug 9, 1938.
 Last seen alive on Aug 9, 1938. Death is said to have occurred on the date stated above, at 5:05 A.M.
 The principal cause of death and related causes of importance were as follows:
Pneumonia - Right
hemiplegia Left
 Date of onset 8/7/38
7/31/38

Other contributory causes of importance:
108

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) Frank Key, M. D.
Monett Mo (Address)

WHILE EXAMINING THIS RECORD WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

RECEIVED:

District Health Officer No. 6,

District File Number 6-38-32

Date Filed 9/19/38

STATEMENT BY LICENSED EMBALMER

I, J. M. Buchanan....., Licensed Embalmer No. 3179

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed J. M. Buchanan.....
..... Licensed Embalmer No. 3179

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.)