

DEC 16 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

39944

Do not use this space.

1. PLACE OF DEATH

(a) County WodawayRegistration District No. 629(b) Township JacksonPrimary Registration District No. 4379(c) City Ravenwood

(d) Street No. _____ St. _____

(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

(a) Residence, No. Ravenwood, Mo. St. ☐ (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Daisy Hunterston

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

April 24, 1855

7. AGE

83

YEARS

MONTHS

7

DAYS

11

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Doct. of Medicine

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Philadelphia Pa.

FATHER

13. NAME

John D. Hunterston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

New Jersey

MOTHER

15. MAIDEN NAME

Harriet Anderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Penn

17. INFORMANT (ADDRESS)

Mrs. Daisy Hunterston Ravenwood, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ravenwood, Mo. DATE Dec 4, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Price Funeral Home Maryville, Mo.

20. FILED

Dec. 5, 1938 Grace Bukholt Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Dec 1st 1938, to Dec 2nd 1938I last saw him alive on Dec 2, 1938 Death is saidto have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Asthma with acute dilatation of the heart.

Date of onset

AS

Other contributory causes of importance

old Chronic MyocarditisName of operation Chloroform Date of Dec 2, 1938What test confirmed diagnosis? Chloroform Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury _____, 19____Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? noIf so, specify no(Signed) W. T. Bell M. D.(Address) Maryville, Mo.

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, Clam M. Price

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No. 1822

P. O. Address Maryville, 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, above space should be left blank.