

REC'D JAN 23 1938

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

42947

Do not use this space.

1. PLACE OF DEATH

(a) County Douglas ² Registration District No. 281
(b) Township Washington Primary Registration District No. 5400 Registered No.
(c) City Ava, MO (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

⁵³¹ Martha Hunt
(a) Residence, No. Route 1 Ava Missouri 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 HUSBAND OF (OR) WIFE OF John Wesley Hunt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 1864
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
74 8 18

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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
121

12. BIRTHPLACE (CITY OR TOWN) Douglas Co
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Simon Lakey
14. BIRTHPLACE (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Nannah Lewis,
16. BIRTHPLACE (CITY OR TOWN) Missouri.
(STATE OR COUNTRY)

17. INFORMANT Luther Hunt
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Arno DATE 12-23-38, 19

19. FUNERAL DIRECTOR (NAME) C. V. Christyhead
(ADDRESS)

20. FILED 1-9 19 39 S. D. Hale
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-21-1938 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 37, to Dec 21, 19 38

I last saw her alive on Dec 20, 19 38. Death is said to have occurred on the date stated above, at 8:15 P. m.

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

Myocarditis Chr.

Date of onset

Dec 14

Other contributory causes of importance:

Nephritis Chr.

Dec 17

Name of operation Ch + Ph Date of

What test confirmed diagnosis? ex Was there an autopsy? no

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: RM Norman M. D.

(Signed) Ava Mo (Address) 243

S. R. M. Morrison

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.....

Licensed Embalmer No.....

P. O. Address.....

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.