

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.

J. W. W. 1939 JAN 24 1939

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

43807
Do not use this space.

1. PLACE OF DEATH
 (a) County Mississippi Registration District No. 567
 (b) Township St. Louis Primary Registration District No. 4334 Registered No. 62
 (c) City East Prairie (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 RICHARD HORRELL HUNTER.
 (a) Residence, No. East Prairie 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
65 10 2

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Farming
 10. Date deceased last worked at this occupation (month and year) April 5, 1937 11. Total time years spent in this occupation. life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid, Mo.

FATHER
 13. NAME Richard's Waters Hunter
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid

MOTHER
 15. MAIDEN NAME Amanda J. Fontaine
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid

17. INFORMANT (ADDRESS) Robert W. Elmer, Hunter East Prairie, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hunter Cemetery DATE Jan 1, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James H. Shelly East Prairie

20. FILED Jan 1, 1939 Miss O. M. Hodges Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1938, to Dec 30, 1938
 I last saw him alive on Dec 30, 1938 Death is said to have occurred on the date stated above, at 9:20 p.m.
 The principal cause of death and related causes of importance were as follows:
Cancer of Esophagus Date of onset _____
H6
 Other contributory causes of importance: Hemorrhage from Esophagus

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

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) George W. Whitaker, M. D.
 (Address) East Prairie, 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,

....., 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.