

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

15393
 Do not use this space.

MAY 22 1939

1. PLACE OF DEATH

(a) County Lincoln Registration District No. 498
 (b) Township _____ Primary Registration District No. 4301
 (c) City Bucklin 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

530 Adeline A Hunt
 (a) Residence, No. Bucklin Mo. 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John W. Hunt deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 6 13

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 _____

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

FATHER 13. NAME George Fuller

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

MOTHER 15. MAIDEN NAME Mary Howe

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

17. INFORMANT (ADDRESS) A. H. Hunt
Bucklin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Road Hill DATE Apr 13 39

19. FUNERAL DIRECTOR (NAME) Hunt, Rallic (ADDRESS) Pringsfield

20. FILED 4-13 1939 J. L. Cantwell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/11 39

22. I HEREBY CERTIFY, That I attended deceased from 3/25 1939 to 4/11 1939

I last saw her alive on 4/9 1939. Death is said to have occurred on the date stated above, at 5 P. m.

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

Chronic Myocarditis Date of onset _____
Sensitiz
Influenza

Other contributory causes of importance _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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 _____ (Signed) R. L. Englar X D O
Bucklin Mo (Address)

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.

RECEIVED

District Health Officer No. 10

District File Number 20-59-875

Date Filed MAY 15 1939

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 L. W. Collins

Licensed Embalmer No. 1164

P. O. Address Brookfield, N.

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.