

REC'D JUN 19 1939

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

17921
Do not use this space.

1. PLACE OF DEATH
(a) County Andrew Registration District No. 26
(b) Township 1 Primary Registration District No. 3002 Registered No. 66-65
(c) City Mexico MO (d) Street No. 817 West Street 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 Wm. May Hunter
(a) Residence, No. 817 West Street St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rita Hunter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8 - 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 7 24
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) (STATE OR COUNTRY) St. Louis Co. Mo.

FATHER 13. NAME Frank Redfield
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Peter Hunter
(ADDRESS) Mexico MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mexico MO DATE May 5 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. Hunter

20. FILED 5-4-39 Blanche Neely
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1939
22. I HEREBY CERTIFY, That I attended deceased from March 15 1938 to May 2 1939
I last saw her alive on May 2 1939 Death is said to have occurred on the date stated above, at 6:30 pm.
The principal cause of death and related causes of importance were as follows:

Chronic Degenerative Myocarditis Date of onset Mar 15 1939
93C
Other contributory causes of importance:
Upper respiratory infection
Bronchial Pneumonia Date of onset Apr 30 1939

Name of operation None Date of None
What test confirmed diagnosis? None 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 None, 1939
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) Harry J. Cronin, M. D.
Blanche Neely (Address) Mexico Missouri

WRITE PLAINLY, 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.

I X 14023

RECEIVED

District Health Officer No. 10.

District File Number 10-34-1113

Date Filed JUN 8 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,

J. E. McPheters

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

J. E. McPheters

Licensed Embalmer No. 1132

P. O. Address May 100 Md.

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.