REC'D AUG 11 1939

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

25878
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper — Registration District No. 408
(b) Township [illegible] — Primary Registration District No. 3020 — Registered No. 149
(c) City Carthage, Mo — (d) Street No. McCune Brooks Hospital 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 536 RONALD LE ROY HUNTER
(a) Residence, No. 403 Orner St.
(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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1939
7. AGE YEARS 0 MONTHS 0 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

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.
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) Carthage Missouri

FATHER
13. NAME Marshall La Verne Hunter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Vernon Mo.

MOTHER
15. MAIDEN NAME Nora Otelia Doss
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Freistatt, Mo

17. INFORMANT (ADDRESS) Mr. M. Hunter 403 Orner St - Carthage
18. BURIAL, CREMATION, OR REMOVAL
PLACE — DATE July 28 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Disposed of by family
20. FILED July 31 1939 E. J. McIntire M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1939
22. I HEREBY CERTIFY, That I attended deceased from July 26, 1939, to July 28, 1939
I last saw him alive on July 28, 1939. Death is said to have occurred on the date stated above, at 4 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
premature birth 7 mo - development	-

Other contributory causes of importance:

premature labor

Name of operation none Date of
What test confirmed diagnosis? physical 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) George H. Wood, M. D.
(Address) Carthage Mo.

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(Licensed Embalmer's Statement on Reverse Side)

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. 6,
District File Number 839-1585
Date Filed AUG 9 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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.