

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

36105
Do not use this space.

1. PLACE OF DEATH **GREENE** Registration District No. **318**
 (a) County **GREENE** Primary Registration District No. **2001**
 (b) Township **SPRINGFIELD** or **SPRINGFIELD** Registered No. **798**
 (c) City **SPRINGFIELD** (d) Street No. **1207 W Madison** 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 **JAMES ALBERT HUNT**
 (a) Residence No. **1207 W MADISON** St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Sallie M. Davis**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 4 - 1860**

7. AGE YEARS **179** MONTHS **6** DAYS **27** IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Farmer**
 10. Date deceased last worked at this occupation (month and year) **Jan 1939** 11. Total time spent in this occupation **94**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Springfield Mo**

FATHER 13. NAME **William W. Hunt**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Gen**

MOTHER 15. MAIDEN NAME **Nancy J. Hornbeak**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Gen**

17. INFORMANT (ADDRESS) **Chas. Hoyt 712 E Madison St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Hazelwood** DATE **Nov 2 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Leann Funeral Springfield Mo**

20. FILED **Nov 2 1939 Chas A. George M.D. Local Registrar**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 31 1939**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 29 1939** to **Oct 31 1939**
 I last saw him alive on **Oct 31 1939** Death is said to have occurred on the date stated above, at **6:10 a.m.**
 The principal cause of death and related causes of importance were as follows:
arteriosclerosis
Coronary Thrombosis
 Date of onset **94**

Other contributory causes of importance **Coronary Thrombosis**

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) **W. E. D. Hambley**, M. D.
 (Address) **Med Arts Springfield Mo**

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.

NOV 14 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.....

f working under my personal supervision.

Signed

Lloyd W. Fox

Licensed Embalmer No. *2910*

P. O. Address *629 W Walnut*

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.