DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11565

Registration District No. 486 — Primary Registration District No. 5649 — Registrar's No. 6

1. PLACE OF DEATH:

(a) County: Lincoln

(b) City or town: Rural (If outside city or town limits, write "RURAL" and name of township)

(c) Hospital or institution: Elsberry, 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community 50 yr (Specify whether years, months or days) 52

2. USUAL RESIDENCE OF DECEASED:

(a) State: ____ (b) County: ____

(c) City or town: ____ (If outside city or town limits, write "RURAL")

(d) Street No. ____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME: Wesley Lee Hunter

3. (b) If veteran, name war: ____ 3. (c) Social Security No.: ____

4. Sex: Male 5. Color or race: Wht 6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: ____ 6. (c) Age of husband or wife if alive: ____ years

7. Birth date of deceased: Feb (Month) 19 (Day) 1882 (Year)

8. AGE: Years 58 Months — Days 21 If less than one day ____ hr. ____ min.

9. Birthplace: Lincoln Co (City, town, or county) Ill. (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: ____

FATHER 12. Name: John Hunter 13. Birthplace: ____ (City, town, or county) ____ (State or foreign country)

MOTHER 14. Maiden name: Unknown 15. Birthplace: Unknown (City, town, or county) ____ (State or foreign country)

16. (a) Informant's own signature: Pete Watkins (b) Address: Elsberry Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mch 12 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: New Hope Cemetery

18. (a) Signature of funeral director: W. D. Bradley (b) Address: Elsberry

19. (a) Mar. 12-40 (Date received local registrar) (b) Etta Powell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10 year 1940 hour 2 30 minute A M.

21. I hereby certify that I attended the deceased from January First, 1940, to Mar. 9, 1940, that I last saw him alive on Mar. 9, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ruptured Aneurysm of Aorta	(?)
Due to Syphilis	(?)
Due to	
Other conditions (Include pregnancy within 3 months of death): Myocarditis	(?)

Major findings: Of operations: ____ Of autopsy: ____

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): ____

(b) Date of occurrence: ____

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? ____ (e) Means of injury: ____

23. Signature: H. C. Huthly (M. D. or other) M.D.

Address: Elsberry, Mo Date signed 3/12/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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 W. D. Bradley

Licensed Embalmer No. 3966

P. O. Address Elsberry

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.