No 2
-39
-17-39
X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18843

Registration District No. 457 Primary Registration District No. 5691B Registrar's No. 10

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution: Rural (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community 2 - Years 10 Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lafayette

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

(d) Street No. West of Concordia Mo. (If rural, give location)

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

3. (a) PRINT FULL NAME Loretta Hunt. 530

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Perry Hunt 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Sept (Month) 19 (Day) - 1867 (Year)

8. AGE: Years 72 Months 8 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Saline County Mo (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Patrick Duffey

13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Alice Dickerson

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mike Hunt

(b) Address Freeman Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-26-1940 (Month) (Day) (Year)

(c) Place: burial or cremation Blackwater Chapel Cem.

18. (a) Signature of funeral director H. F. Duensing

(b) Address Concordia Mo.

19. (a) May 23-40 (Date received local registrar) (b) Ferdinand Shryman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1940 hour -11- minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 26 1938, to May 22, 1940 that I last saw her alive on May 22, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetis Mellatus	10 yrs
Due to	
Due to	
Other conditions Fractured Hip (Include pregnancy within 3 months of death)	10 wks

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? 412 (Specify type of place)

While at work? (e) Means of injury

23. Signature E. L. Johnston (M. D. or other)

Address Concordia Date signed 5-23-40

(Licensed Embalmer's Statement on Reverse Side)

1448
69-

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-4-40

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. Roy Ewen

Licensed Embalmer No. 3070

P. O. Address Wellington Mo

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

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

No. 2B
2-21-40
X22659

ROBERT MOORE

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18843

Registration District No. 45-7 Primary Registration District No. 5621 B. Registrar's No. 10

1. PLACE OF DEATH:
(a) County Lafayette
(b) City or town Freedom (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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 Loretta Hunt
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 3 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22 year 1940 hour 1 minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetis	
mellitis	
Due to	
54	
Due to	
Other conditions Fractured Hip (Include pregnancy within 3 months of death)	

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) accident
(b) Date of occurrence 3-8-40
(c) Where did injury occur? Rural Lafayette Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Fall
23. Signature E. L. Johnston (M. D. or other)
Address Concordia Mo Date signed

SUPPLEMENTARY

Transcript of death certificate
Mrs. Sophie Hall
Mrs. Sophie Smith
Mrs. Sophie Smith

S-18843