

Registration District No. 070

Primary Registration District No. 3039

Registrar's No. 150

FILED JUL 15 1940

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

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 da
In this community 25 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 1220 W. White
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Charles A. Hunt

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Dora Hunt 6. (c) Age of husband or wife if alive deceased deceased

7. Birth date of deceased Mar. 28, 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation Banking & Farming

11. Industry or business Retired

12. Name Charles Hunt

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

14. Maiden name Jane Range

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

16. (a) Informant D. T. Bough

(b) Address Girard House P. 1

17. (a) Removal (b) Date thereof June 11, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jaysville, Ill.

18. (a) Signature of funeral director Erroy Funeral Home

(b) Address Nevada, Mo
19. (a) 6-11-1940 (b) Allen V. Gays
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10, year 1940 hour 1: minute 45 A.M.

21. I hereby certify that I attended the deceased from April 28, 1940 to June 10, 1940 that I last saw him alive on June 9, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pericardial effusion

Due to behavioral disturbances
hypertension

Due to _____
Other conditions (include pregnancy within 3 months of death) 191

Major findings: Of operations _____

Of autopsy _____

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? 795
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. M. Lane (M. D. or other)

Address Nevada, Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 7
District File Number 7-40-1082
Date Filed 7-9-40

[Handwritten signatures and notes]

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 M E Ferry
Licensed Embalmer No. 1432
P. O. Address Nevada mo

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.