

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26086

State File No. _____

Registration District No. 735 Primary Registration District No. 3034 5970 Registrar's No. 135

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Rural Sugar Creek
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. #4 Moberly, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community Life years, months or days)

8. (a) PRINT FULL NAME DANIEL HUGH HUNT
3. (b) If veteran, name war no. 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hammie Hunt 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Sept-29-1865 (Month) (Day) (Year)

8. AGE: Years 74 Months 9 Days 8 If less than one day hr. min.

9. Birthplace Randolph Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____
MOTHER FATHER { 12. Name George W. Hunt
13. Birthplace Shuttsville Missouri (City, town, or county) (State or foreign country)
14. Maiden name Sarah Yates
15. Birthplace Randolph Co. Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hammie Hunt
(b) Address R.F.D. #4 Moberly Missouri

17. (a) Burial (b) Date thereof July-9-40 (Month) (Day) (Year)
(c) Place: burial or cremation Barnhart Cemetery

18. (a) Signature of funeral director Shaw Funeral Home
(b) Address Moberly Missouri

19. (a) July 9-40 (b) Leah Williams (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Rural
(d) Street No. R.F.D. #4 - Moberly, Mo. (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 7th year 1940 hour 9:30 minutes 15 P.M.

21. I hereby certify that I attended the deceased from July 4 - 1940 to July 7 - 1940 that I last saw him alive on July 4 - 1940 and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis months
Arthritis deformans months

Due to _____
Due to _____
Other conditions Probable Ca? of Colon (Include pregnancy within 3 months of death)

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy no.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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? _____

23. Signature D. E. Huber (Specify type of place) 925 (e) Means of injury MI
Address Moberly Mo. (M. D. or other) _____
Date signed 7/8/40

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

RECEIVED

District Health Officer No. 10

District File Number 8-40-1570

Date Filed AUG 8 1940

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

R. M. Carter

Licensed Embalmer No. 4117

P. O. Address Moberly 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.