

Registration District No. **120** **AUG 9 1940**

**887**

Primary Registration District No. **4530**

Registrar's No.

1. PLACE OF DEATH:

(a) County Washington  
(b) City or town Palatka  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether  
In this community \_\_\_\_\_ (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME Mahala Hunter 536

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 M

6. (b) Name of husband or wife Thomas 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Sept. 20 1899  
(Month) (Day) (Year)

8. AGE: Years 40 Months 9 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name James Brewitt

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

14. Maiden name Mary

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

16. (a) Informant Thomas Hunter

(b) Address Palatka Mo

17. (a) Burial (b) Date thereof June 20/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Mo

18. (a) Signature of funeral director Carl Spencer

(b) Address Salem Mo

19. (a) 6/28/40 (b) J. Brewitt  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington  
(c) City or town Palatka  
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28  
year 1940 hour 4:30 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Nov 29 to June 28, 1940; that I last saw her alive on June 28, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Uterus  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Metastases to left pelvic glands  
(Include prominent within 5 months of death)

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?

23. Signature J. Brewitt (M. D. or other) \_\_\_\_\_  
Address Palatka Mo Date signed 6/28/40

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

0  
3  
0

311A

MAY 1 1951

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.