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13-40
17-39
X239

State File No.

Registrar's No.

DEC 18 1940

Registration District No. 94

Primary Registration District No. 4055

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

1. PLACE OF DEATH: Caldwell

(a) County Caldwell

(b) City or town Breckenridge MO

(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)

In this community 2 months 2

years, months or days

3. (a) PRINT FULL NAME HARRIETT ALLESON HUNT

3. (b) If veteran, name war. no

3. (c) Social Security No. no

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife WILLIAM MADISON HUNT

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased APRIL 29 1861

(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 15

If less than one day _____ hr. _____ min.

9. Birthplace: Knightstown Ind.

(City, town, or county) (State or foreign country)

10. Usual occupation: House Keeper

11. Industry or business _____

12. Name: Hissate Dean

13. Birthplace: name

(City, town, or county) (State or foreign country)

14. Maiden name: Hannah Ferguson

15. Birthplace: name

(City, town, or county) (State or foreign country)

16. (a) Informant: H. J. Hunt

(b) Address: Breckenridge MO

17. (a) Burial (b) Date thereof: Nov. 15-40

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Monroa Cemetery

18. (a) Signature of funeral director: J. M. Beck

(b) Address: Breckenridge MO

19. (a) Nov 15-1940 (b) A. P. Wilsey M.D.

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Caldwell

(c) City or town Breckenridge

(If outside city or town limits, write "RURAL.")

(d) Street No. 0 (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 18th day 13th

year 1940 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 18th 1940 to Nov 12th 1940

that I last saw her alive on Nov 12th 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: acute corditis

Due to: Cancer stomach

Duration: 2 yrs.

Due to _____

Other conditions: 4/6

(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) _____

(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? _____

94 (Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature: A. P. Wilsey (M. D. or other) _____

Address: Breckenridge Date signed: Nov 14-40

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.....

Ernest McPeck
working under my personal supervision.

....., Registered Apprentice No.....

Signed *Ernest McPeck*

Licensed Embalmer No. *3713*

P. O. Address *Breakenridge, 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, fact should be so stated above.