

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38856**

Registration District No. 1159

Primary Registration District No. 5349

Registrar's No. 10

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

1. PLACE OF DEATH:

(a) County Iron

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

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

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community life
years, months or days

3. (a) PRINT FULL NAME James William Hunt

3. (b) If veteran, name war #

3. (c) Social Security No. #

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Anna Hunt

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased October 10, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>0</u>	<u>29</u>	hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business _____

12. Name George Foster Hunt

13. Birthplace Prince Edwards Co. Va.
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Clarkson

15. Birthplace Union Mills Va.
(City, town, or county) (State or foreign country)

16. (a) Informant James Hunt Jr.

(b) Address Caledonia Mo.

17. (a) burial (b) Date thereof 11/10/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caledonia Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address 221 White Ironton Mo.

19. (a) file 9th 1940 (b) Mrs. J. A. Townsind
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

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

(d) Street No. near Cedar Grove
(If rural, give location)

(e) If foreign born, how long in U. S. A? 6 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 9
year 1940 hour 12 minute 35 A. M.

21. I hereby certify that I attended the deceased from June 20, 1940, to November 9, 1940; that I last saw him alive on November 5, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to _____

Due to _____

Other conditions primary anemia
(Include pregnancy within 3 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 George W. Gay (M. D. or other) _____
(Specify type of physician)

Address Ironton, Missouri

Date signed 11-11-40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

Arnell White

Licensed Embalmer No.....

3012

P. O. Address.....

Porter St

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.