

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

38997

Registration District No.

431

Primary Registration District No.

5597

Registrar's No.

137

1. PLACE OF DEATH:

(a) County Johnson
 (b) City or town Rural *Libbyville*
 (If outside city or town limits, write "RURAL" and name of township)
 (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 2
 In this community 20 years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME John F Hunter8. (b) If veteran, name war No3. (c) Social Security No. None4. Sex M 5. Color or race W6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Helen Hunter6. (c) Age of husband or wife if alive years7. Birth date of deceased June 10 191858
(Month) (Day) (Year)8. AGE: Years 82 Months 5 Days 9
If less than one day hr. min.9. Birthplace Pettis, Co Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Retired farmer11. Industry or business Farm Work12. Name Henry Hunter13. Birthplace North Carolina
(City, town, or county) (State or foreign country)14. Maiden name Nancy Ferbee15. Birthplace North Carolina
(City, town, or county) (State or foreign country)16. (a) Informant's own signature J. J. Holland(b) Address Warrensburg, Mo17. (a) Burial (b) Date thereof Nov. 20-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Rose Hill Cem18. (a) Signature of funeral director Sumner Phillips
(b) Address Warrensburg, Mo19. (a) Nov 22-40 (b) Bertie Gentry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson(c) City or town Rural
(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 day 19
year 1940 hour 1 A. M. minute M.21. I hereby certify that I attended the deceased from Oct 8-1940, 1940 to Nov 19, 1940
that I last saw him alive on Nov 10, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Cerebral hemorrhage Duration 4 weeksDue to SanitaryDue to \$20Other conditions none
(Include pregnancy within 3 months of death)Major findings:
Of operations noneOf autopsy none

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? While at work Retired (Specify type of place) (e) Means of injury 23. Signature W. R. Patterson (M. D. or other) Address Warrensburg Mo Date signed 11-19-40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12-5-40

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.....

Earl Priest, Registered Apprentice No.
working under my personal supervision.

Signed Earl Priest

Licensed Embalmer No. 3878

P. O. Address Waverly

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.