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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 42127 274

Registration District No. 164 Primary Registration District No. 5229 Registrar's No.

**1. PLACE OF DEATH:**

(a) County Cedar

(b) City or town Stockton, Benton **Rural
(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 (Specify whether years, months or days)

In this community Most of life 2

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County CEDAR

(c) City or town STOCKTON
(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.

3. (a) PRINT FULL NAME Jacob C. 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 Isabel Hunt

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Jan. 12, 1864 (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 76 | 10 | 29 | hr. min. |

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Joshna Hunt
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Newville
16. Birthplace New. York (City, town, or county) (State or foreign country)

16. (a) Informant Isabell M Hunt

(b) Address Stockton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-12-40 (Month) (Day) (Year)

(c) Place: burial or cremation Hamby

18. (a) Signature of funeral director W. C. Davis & Co

(b) Address Stockton, Mo.

19. (a) 12-15-40 (Date received local registrar) (b) Mrs Mary Hafner (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 11 year 1940 hour 6 minute 25 M.

21. I hereby certify that I attended the deceased from December 12, 1939, to December 2, 1940; that I last saw him alive on December 2, 1940; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Chronic myocarditis and myocardial Degeneration | 2 yr. |
| Due to | |
| Due to 42 C | |
| Other conditions (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? (Specify type of place)

(e) Means of injury

While at work?

23. Signature Benard C. Adler (M. D. or other) M.D.

Address Stockton Mo. Date signed 12-11-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 1-41-46
Date Filed 1-4-41

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 Melvin Chinnock

Licensed Embalmer No. 3272

P. O. Address Stockton Me

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**