

No. 2
11-10-39
5-1-1940
I X 100

JAN 25 1941

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 237

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
327 Orner St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 25 Years years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 327 Orner St.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Sophonra Hunt

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife J. L. Hunt 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased May 31 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>6</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business None

12. Name: Thomas Hopper

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

14. Maiden name Mabella Davis

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

16. (a) Informant O. S. Hunt

(b) Address 327 Orner St. Carthage Mo.

17. (a) Burial (b) Date thereof Dec 24, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Round Grove Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Dec. 24, 1940 (b) E. J. McIntire, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22
year 1940 hour 6 minute 45 P.

21. I hereby certify that I attended the deceased from Nov 20
1940, to Dec 12, 1940;
that I last saw her alive on 12-20, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis and
myocardial degeneration.

Duration

yrs

Due to _____

Due to _____

Other conditions Senility
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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? _____

865 While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature J. Russell Smith (M. D. or other) M.D.

Address Carthage, Mo. Date signed 12-24-40

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.....

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

Signed Ernest R. Stuebel

Licensed Embalmer No. 391

P. O. Address Carthage

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.