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

FILED JAN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42881

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH

(a) County: Jasper

(b) City or town: Carterville Joplin Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Coronado Courts
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 In this community (Specify whether years, months or days) Tourist Camp - Agen minutes

2. USUAL RESIDENCE OF DECEASED:

(a) State: St Louis (b) County: Mo -

(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME: IVAL HUNSAKER

3. (b) If veteran, name war: 3. (c) Social Security No.

4. Sex: Fem 5. Color or race: W 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Robert Terry Hungsaker 6. (c) Age of husband or wife if alive: 37 years

7. Birth date of deceased: Mch 1903 -
(Month) (Day) (Year)

8. AGE: Years 37 Months 9 Days 7 If less than one day hr. min.

9. Birthplace: Athens Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation: house wife

11. Industry or business:

MOTHER FATHER

12. Name: John Harrison

13. Birthplace: Heavell Co Ark
(City, town, or county) (State or foreign country)

14. Maiden name: Lou Davis

15. Birthplace: Heavell Co. Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Dee Cobb

(b) Address: Neosho Ok

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

(c) Place: burial or cremation: Dr. Lynn

18. (a) Signature of funeral director: Heuell & Lind

(b) Address: Joplin Mo. 377

19. (a) 12-16-40 (b) [illegible]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 14 day 14 year 1940 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw her alive on at no time , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death: Oedema of lungs
died suddenly

Due to: undetermined causes

Due to: White riding in a car automobile

Other conditions: Alcoholic stimulation
(Include pregnancy within 2 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations:

Of autopsy: Oedema of lungs

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence: Dec. 14, 1940

(c) Where did injury occur? Joplin Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? automobile
(Specify type of place)

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

23. Signature: R. A. Webster Coroner (M. D. or other)

Address: Carthage Mo. Date signed Dec 15 '40

(Licensed Embalmer's Statement on Reverse Side)

41-1-43

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 Steve D. Parker

Licensed Embalmer No. 2548

P. O. Address Joplin 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.