

Registration District No. 875

Primary Registration District No. 2039

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nevada City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 mos.
(Specify whether)

In this community
years, months or days

3. (a) PRINT FULL NAME Mary Hunt

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 1st. 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Home work

11. Industry or business _____

MOTHER FATHER { 12. Name Fuller
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Leslie K. Hunt

(b) Address Nevada, Mo.

17. (a) Burial (b) Date thereof 2/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Grand Park

18. (a) Signature of funeral director Martha Bishinger

(b) Address Nevada, Mo.

19. (a) 2-7-41 (b) Allen H. Stage
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon 158
(c) City or town Nevada, Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 513 E. Hickory 2
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4
year 1941 hour 6 minute 55 A.M.

21. I hereby certify that I attended the deceased from Jan 2, 1940, to Feb 4, 1941;
that I last saw her alive on Feb 3, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial failure
disease

Due to Generalized arteriosclerosis

Due to 42%

Other conditions 2 1/2 3 degree burns in
(Include pregnancy within 3 months of death) January 1940

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 2/4/41

(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?

Burn occurred in home

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

23. Signature R. W. Pearson (M. D. or other) MD

Address Nevada Mo. Date signed 2/5/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

58
1
2

RECEIVED

District Health Officer No. 7,

District File Number 3-41-451

Date Filed 3-6-41

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

Mary E. Schinger

Licensed Embalmer No. 2656

P. O. Address Nevala, 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, above space should be left blank.