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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. 10385

Registration District No. 190 — APR 28 1941

Primary Registration District No. 5274

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Clark

(b) City or town Rural Jackson Twp (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 1 (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clark 23

(c) City or town Rural Jackson Twp (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 Arthur M. Hunziker

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nettie Farris

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Jan (Month) 17 (Day) 1870 (Year)

8. AGE: Years 71 Months 1 Days 12 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Henry Hunziker
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Wittingham
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Earl Hunziker
(b) Address Kahoka Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/3/41 (Month) (Day) (Year)
(c) Place: burial or cremation Kahoka Cemetery

18. (a) Signature of funeral director F. J. Karle
(b) Address Kahoka Mo.

19. (a) 3/3/41 (Date received local registrar) (b) J. C. Bridges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st year 1941 hour 8 minute 45 P M.

21. I hereby certify that I attended the deceased from March 1st, 1941, to ——, 19__; that I last saw him alive on March 1st, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Cerebral

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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)
While at work? (e) Means of injury

23. Signature Grace L. Gray M.D. (M.D., or other) 2
Address Kahoka Mo. Date signed 4-7-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-41-759
Date Filed APR 14 1941

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 Fred J Karl

Licensed Embalmer No. 1023

P. O. Address Kahoka Mo

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

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