

No. 2  
1-10-39  
-17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10848

State File No. \_\_\_\_\_

APR 28 1941

Registration District No. 388

Primary Registration District No. 5542

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Howell  
(b) City or town Komona Mo Rt 1  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Home Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 50 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Howell  
(c) City or town Komona Rt 1  
(If outside city or town limit, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 3  
year 1941 hour 2 minute 30 P.M.  
21. I hereby certify that I attended the deceased from Nov 1936 to March 3, 1941;  
that I last saw him alive on 2-20 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Hypertensive Myocarditis  
Due to General Arteriosclerosis  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) HTA

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME May Ann Hunter

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

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Alexander Hunter 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased 4-7-1862  
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 26 If less than one day hr. min.

9. Birthplace Montgomery Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Joseph Elmer Hef  
13. Birthplace St. Louis  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Marie  
15. Birthplace St. Louis  
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Hunter  
(b) Address Komona Mo Rt 1

17. (a) Burial (b) Date thereof 3-4-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Josephs Cemetery

18. (a) Signature of funeral director Robert  
(b) Address West Plains Mo

19. (a) 3-24-1941 (b) ans Pearl Cook  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_  
(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?  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
28. Signature E. C. Bohner (M. D. or other) mo  
Address West Plains Date signed 3-5-41

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

RECEIVED

District Health Officer No. 5,

District File Number 441499

Date Filed .....

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**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 .....

Licensed Embalmer No. ....

P. O. Address .....

**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.**