

APR 10 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

89

1. PLACE OF DEATH

County Ray
Township Paris
City Lawson (No. _____)

Registration District No. 742 89
Primary Registration District No. 5-972a 0

File No. 11826
Registered No. _____
St. _____ Ward _____

2. FULL NAME

James Robert Hunt
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
86 1 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray 0

13. NAME J. W. D. Hunt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1

15. MAIDEN NAME Susan Lebo

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know 9

17. INFORMANT (ADDRESS) J. M. Hunt

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawson DATE 3-28- 1941

19. UNDERTAKER (ADDRESS) Jayman Prichard

20. FILED Mar. 28, 1941 Edwin Shoups Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 27 1941

22. I HEREBY CERTIFY, That I attended deceased from March 15 1941, to March 27 1941
I last saw him alive on March 27 1941. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis & Cardiac Failure and Hypertensive pneumonia

Other contributory causes of importance: 12 ft

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Edwin Shoups M. D.
(Address) Lawson Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD

ADD TO THE RECORD OF THE DISTRICT OFFICE

RECEIVED
District Health Officer No. 8,
District File Number
4-8-47
Date Filed

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11826

Registration District No. Ray 742

Primary Registration District No. 5977^a

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Park T.P.
(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 _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray
(c) City or town Laurin
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Robert Hunt
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 27
year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased (Month) (Day) (Year)

Immediate cause of death _____ Duration _____

8. AGE: Years 86 Months 1 Days 11
If less than one day _____ hr. _____ min.

Due to _____
Duct to _____
Other conditions _____
(Include pregnancy within 3 months of death)

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

10. Usual occupation _____

11. Industry or business _____

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

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

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? _____

18. (a) Signature of funeral director _____
(b) Address _____
19. (a) Mar. 28-1946 (b) Edwin Shouse
(Date received local registrar) (Registrar's signature)

(Specify type of place) _____
While at work? _____ (a) Means of injury _____
23. Signature Chas E. Buehler (M. D. or other) _____
Address Laurin Mo Date signed _____

SUPPLEMENTARY

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

11826

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, fact should be so stated above.