FILED MAY 12 1941

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

14507
Do not use this space.

1. PLACE OF DEATH
(a) County Gentry — Registration District No. 309
(b) Township Howard — Primary Registration District No. 5434 — Registered No. 17
or
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William G. Hunter
(a) Residence, No. Albany Mo Rural (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary G. Hunter
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12 1852
7. AGE Years 88 Months 4 Days 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as 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 County Ill.

FATHER
13. NAME James Hunter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoxville Tenn.

MOTHER
15. MAIDEN NAME Elizabeth Grace
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County Ill.

17. INFORMANT L. P. Hunter (ADDRESS) Stratford Ark.
18. BURIAL, CREMATION, OR REMOVAL PLACE Lone Star DATE Apr. 6, 1941
19. FUNERAL DIRECTOR (NAME) Bram Bros. (ADDRESS) Denver Ill.
20. FILED Apr. 7, 1941. M. T. Martin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5, 1941
22. I HEREBY CERTIFY, That I attended deceased from March 25th, 1941, to April 5th, 1941
I last saw him alive on March 25th, 1941. Death is said to have occurred on the date stated above, at 7 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis (Uraemic Poisoning)	Unk.
Other contributory causes of importance: Chronic Myocardial Degeneration	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

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?
If so, specify
(Signed) W. S. Campbell, M. D.
(Address) Albany Mo

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

50M-9-19-38 I X16605

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.