No. 2
-13-40
-17-39
X23159

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

Duplicate of 18287-41

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25431

State File No.

Registration District No. 469 Primary Registration District No. 4282 Registrar's No.

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Miller Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home of Hallie P. Hunter
(If not in hospital or institution, write street number or location)

(d) Length of stay: ~~In hospital or institution~~ 3 months (Specify whether years, months or days)

In this community Near Miller

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 055

(c) City or town Near Red Oak
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) ~~If foreign born, how long in~~ U. S. A.? Life 0 years.

3. (a) PRINT FULL NAME SAMANTHA-ELLEN-HUNTER

3. (b) If veteran, name war widow of

3. (c) Social Security No.

4. Sex female

5. Color or race white

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2

6. (b) Name of husband ~~or wife~~ David Hunter

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

7. Birth date of deceased February (Month) 6 (Day) 1857 (Year)

8. AGE: Years 84 Months 5 Days 22 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Robert Ford
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation Red Oak

18. (a) Signature of funeral director Morris Leiman

(b) Address Miller Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1941 hour 5-20 minute 6 M.

21. I hereby certify that I attended the deceased from Apr 1st, 1941, to May 28th, 1941; that I last saw her alive on May 25th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis

Due to

Due to 92

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 W. S. Bunny (M. D. ~~or other~~)

Address Miller Date signed 8-13-41

400

(Licensed Embalmer's Statement on Reverse Side)

AUG 19 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.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.

S. No. 2B
1—8-21-41
P I X29288

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25431

Registration District No. 469 Primary Registration District No. 4282 Registrar's No.

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: Miller
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home of Hallie P. Hunter
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Samantha E. Hunter
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
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)
8. AGE: Years Months Days If less than one day hr. min.
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)
16. (a) Informant: Hallie P. Hunter
(b) Address: Miller Mo.
17. (a) (Burial, cremation, or removal) (b) Date thereof: 5-8-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Red Oak
18. (a) Signature of funeral director
(b) Address
19. (a) 5-28-41 (Date received local registrar) (b) W. A. Bessney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 28 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.

Immediate cause of death	Duration
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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)
(b) 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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

(52)-15287