

FILED AUG 16 1944
Registration District No. **903**

Primary Registration District No. **4345**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **North**
(b) City or town **Grant city**
(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 **Life** years, months or days

3. (a) PRINT FULL NAME **JULIA G HUNT**

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

4. Sex **M** 5. Color or race **N** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **James Hunt** 6. (c) Age of husband or wife if alive **83** years
Birth date of deceased **June 15, 1865** (Month) (Day) (Year)

8. AGE: Years **76** Months **0** Days **2 1/2** If less than one day hr. _____ min. _____

9. Birthplace **Alledale O Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Thomas Murray**
13. Birthplace **unknown 1 Penn** (City, town, or county) (State or foreign country)
14. Maiden name **Frances Powell**
15. Birthplace **unknown Penn** (City, town, or county) (State or foreign country)

16. (a) Informant **James H. Hunt**
(b) Address **Grant city, Mo.**

17. (a) **Burial** (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation **Letts home**

18. (a) Signature of funeral director **J. C. Dumble**
(b) Address **Grant city Mo.**

19. (a) **July 19, 1944** (b) **C. H. H. H. H.** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **North**
(c) City or town **Grant city** (If outside city or town limits, write "RURAL")
(d) Street No. **6** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **6** year **1941** hour **8:00** minute **9** M.

21. I hereby certify that I attended the deceased from **May 1941** to **July 6, 1941**; that I last saw her alive on **July 6, 1941**; and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer - section** Duration **1 yr -**

Due to **V**

Due to **V**

Other conditions **H6** (Include pregnancy within 3 months of death)

Major findings: Of operations **Cancer - section of Colon**
Of autopsy **none**

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? **V**

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **C. H. H. H. H.** (Name of physician)
Address **Grant city Mo.** Date signed **July 19, 1944**

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.....

Arch C. Dumble

Licensed Embalmer No. 3252

P. O. Address Grant City

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.