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FILED SEP 11 1941

Registration District No. 890

Primary Registration District No. 890 4539

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Wayne

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

(c) Name of hospital or institution: 1
(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 Missouri (b) County Wayne !!!

(c) City or town Greenville ?
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 3

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME MARGARET Belle HUNTER

3. (b) If veteran, name war ✓

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27th
year 1941 hour 12.57 AM minute _____ M.

21. I hereby certify that I attended the deceased from Aug 15 to Aug 27, 1941;
that I last saw her alive on Aug 27 - 41, 19____;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Joseph Hunter 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased September 21 1871
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia Duration 3 days

8. AGE: Years 69 Months 11 Days 7 * If less than one day hr. _____ min. _____

Due to _____

Due to _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name FRANK Montgomery

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

14. Maiden name Mary Meador

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

16. (a) Informant Joseph W. Hunter

(b) Address Greenville

17. (a) BURIAL (b) Date thereof Aug 30 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery Chapel

18. (a) Signature of funeral director Herman W. Gish

(b) Address Pulaski Mo.

19. (a) Aug 30-41 (b) Mabel Beasley
(Date received local registrar) (Registrar's signature)

Other conditions Cerebral Hemorrhage 10 days.
(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)

(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 _____

23. Signature Jno F Wagner (M. D. or other) M.D.

Address Greenville, Mo. Date signed Aug 27 - 41

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

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 ME

....., Registered Apprentice No.
working under my personal supervision.

Signed Norman W. Gies

Licensed Embalmer No. 3387

P. O. Address Piedmont, N.C.

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

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