

FILED SEP 30 1941
Registration District No. **49**

Primary Registration District No. **4450**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Reynolds**
(b) City or town **Lesterville**
(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)

3. (a) PRINT FULL NAME **Anna Hunt**
3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **fem.** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**
6. (b) Name of husband or wife **Frederick Hunt** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Jan. 25 1862**
(Month) (Day) (Year)

8. AGE: Years **79** Months **6** Days **6** If less than one day
hr. _____ min.

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

10. Usual occupation **retired**

11. Industry or business _____

MOTHER FATHER { 12. Name **Corbie F. Steigall**
13. Birthplace **unknown**
14. Maiden name **Elizabeth Eddings**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. L. E. Shy**
(b) Address **Lesterville Mo.**

17. (a) **burial** (b) Date thereof **Aug. 3/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Lesterville Mo.**

18. (a) Signature of funeral director **Norman White & Sons**
(b) Address **R. V. White Ironton Mo.**
19. (a) **8/30/41** (b) **G. M. Fitzpatrick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Reynolds**
(c) City or town **Lesterville**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **1st**
year **1941** hour **3** minute **10 A M.**

21. I hereby certify that I attended the deceased from **May 14** 19**41** to **August 1** 19**41**;
that I last saw her alive on **July 31** 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **myocarditis** Duration _____

Due to _____

Due to _____

Other conditions **diabetes**
(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 **George Gay, M.D.** (M. D. or other) **M.D.**
Address **Ironton, Mo.** Date signed **8-2-41**

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

RECEIVED

District Health Officer No. 5

District File Number 88-11977

Date Filed _____

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. 3012

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.