

No. 2
4-13-40
-17-39
X23159

FILLED NOV 18 1941
Registration District No. **347**

Primary Registration District No. **3018**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County HENRY CLINTON

(b) City or town _____
(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 _____
In this community 40 years 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Bessie Hunter

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Fe 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased 6 24 - 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

40 3 16 hr. min.

9. Birthplace St Clair Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Livery Keeper

11. Industry or business _____

12. Name John W Hunter

13. Birthplace St Clair Co Mo (City, town, or county) (State or foreign country)

14. Maiden name Maranda Wackerell

15. Birthplace Henry Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mild Hunter

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 10-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood

18. (a) Signature of funeral director J. D. W. [unclear]

(b) Address Clinton Mo

19. (a) 10-10-41 (b) W. F. R. Hampton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry ⁰⁴²

(c) City or town CLINTON Mo ²
(If outside city or town limits, write "RURAL")

(d) Street No. 409 E Lincoln
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 10
year 1941 hour 6 minute 50 A.M.

21. I hereby certify that I attended the deceased from April 17, 1941, to Oct. 10, 1941;
that I last saw her alive on Oct. 9, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus

Duration about 8 months

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: none

Of operations _____

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? _____

Write at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature W. B. Hughes (M. D. or other) MD

Address Clinton Mo Date signed 10/11/41

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1894

Date Filed 11-14-41

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

Fred W. Wilkerson

Licensed Embalmer No.

2478

P. O. Address

Clinton No.

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.