

No. 2
13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

38167

FILED DEC 11 1941

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 218

Primary Registration District No. 3015-

Registrar's No. 142

1. PLACE OF DEATH:

(a) County COOPER
(b) City or town BOONVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1206 MAIN STREET /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 4 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER ²⁷
(c) City or town BOONVILLE ³
(If outside city or town limits, write "RURAL") ⁰
(d) Street No. 1206 MAIN STREET
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME WILLIAM MILTON HUNDLEY

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE / 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife KATE HUNDLEY 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased. FEBRUARY 24 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 8 18 hr. _____ min.

9. Birthplace LEAVENWORTH KANSAS /
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED FARMER

11. Industry or business FARM

12. Name RICHARD HUNDLEY

13. Birthplace KENTUCKY ¹
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN ⁹

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

16. (a) Informant MRS KATE HUNDLEY

(b) Address BOONVILLE, MO.

17. (a) BURIAL (b) Date thereof 11/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) 11-12-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 11th
year 1941 hour 8:50 minute _____ a. M.

21. I hereby certify that I attended the deceased from June, 1939, to Nov 11, 1941;
that I last saw him alive on Nov. 9, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to _____
Due to _____

Other conditions Cerebral Hemorrhage 1 year
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none ⁸³⁰

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?

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

23. Signature T. C. Beckett (M. D. [Signature])
Address Boonville, Mo Date signed 11-12-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 12-9-41

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 *James W Stegner*

Licensed Embalmer No. *3780*

P. O. Address *Boonville, Mo*

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

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