

No. 2
-1-4-41
-17-39
K26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38276

State File No. _____

Registrar's No. 49

DEC 18 1941
Registration District No. 309

Primary Registration District No. 5427

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

1. PLACE OF DEATH:

(a) County Gentry

(b) City or town Rural Athens
(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 All her life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martha Caroline Hunter

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18
year 1941 hour 12 minute 05 P.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife A. N. Hunter 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased January 27 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 1940 to Nov. 14 1941
er Nov. 14 1941
that I last saw h. alive on Nov. 14 1941
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>9</u>	<u>22</u>	hr. _____ min.

Immediate cause of death Perniciou anemia Duration 1 yr.

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

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Housewife

Major findings: _____

Of operations _____

11. Industry or business _____

12. Name W. D. Everett

Of autopsy _____

13. Birthplace Unk. Tennessee

14. Maiden name Ralph (State or foreign country)

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

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? _____

16. (a) Informant Mrs. Fred Smith

(b) Address Albany, Mo.

(Specify type of place)

While at work? _____ Means of injury _____

17. (a) Burial (b) Date thereof 11/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lone Star

Signature of _____

18. (a) Signature of funeral director _____

(b) Address Albany, Mo.

19. (a) Nov. 19, 1941 (b) W. D. Martin
Date received local registrar (Registrar's signature)

Signature of _____

19. (a) Nov. 19, 1941 (b) W. D. Martin
Date signed (City or town) (County) (State)

(Licensed Embalmer's Statement on Reverse Side)

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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.....

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.