DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED NOV 27 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

38908

State File No.

Registration District No. 598 Primary Registration District No. 4355 Registrar's No. 81

1. PLACE OF DEATH:

(a) County Morgan

(b) City or town Versailles

(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 Life Time

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 071

(c) City or town 0

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

(d) Street No.

(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME FRANK R. HUNTER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Bessie Drew

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Apr 10 (Month) 1879 (Day) (Year)

8. AGE: Years 62 Months 7 Days 1 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Thos Hunter
13. Birthplace Morgan Co Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dora Rodgers
15. Birthplace Ind (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Chas Hunter

(b) Address Versailles Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 13 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Versailles Cem

18. (a) Signature of funeral director [illegible]

(b) Address Versailles Mo

19. (a) 11-25-41 (Date received local registrar) (b) Will F. Berry Jr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 11th year 1941 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from Apr 12, 1936, to Nov 11th, 1941; that I last saw him alive on Nov 11, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemiplegia repeated attacks	11/12/41
Due to Hypertension	Dont Know
Due to Arteriosclerosis	Dont Know
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

438

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?

(Specify type of place)

While at work? (e) Means of injury 0

23. Signature W. G. Gunn (M. D. [illegible]er)

Address Versailles Mo Date signed 11/12/41

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 26 1946

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 [illegible]

Licensed Embalmer No. 1596

P. O. Address Versailles

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, above space should be left blank.

No. 2B
—8-21-41
X29288

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Registration District No. 598 Primary Registration District No. 4355 Registrar's No.

1. PLACE OF DEATH:

(a) County: Morgan

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

(c) Name of hospital or institution: AT HOME IN VERSAILLES, MISSOURI
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town .....
(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: Frank R. Hunter

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: M

5. Color or race: W

6. (a) Single, ~~widowed~~, married, divorced: M

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: Apr. 10, 1879
(Month) (Day) (Year)

8. AGE: Years: 62 Months: 7 Days: ..... (If less than one day) hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant .....
(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....
(b) Address .....

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 1 year: 1941 hour: ..... minute: ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature ..... (M. D. or other) .....
Address ..... Date signed .....

SUPPLEMENTARY

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

S-38908