

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41585

State File No. _____

JAN 14 1942

Registration District No. 183

Primary Registration District No. 5263

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Rural- Logan #2-111
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 70 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 22

(a) State Mo. (b) County Christian

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

(d) Street No. Nixa, R#1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Harrison Hunt

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 widowed

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

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

7. Birth date of deceased October, 25-1859
(Month) (Day) (Year)

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

82 2 11 hr. min.

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

10. Usual occupation farming

11. Industry or business _____

MOTHER FATHER { 12. Name unknown

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

14. Maiden name Juda Hunt

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

16. (a) Informant Hattie Killoughby

(b) Address Nixa, Mo. R#1

17. (a) burial (b) Date thereof Jan. 7, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Delaware cemetery

18. (a) Signature of funeral director I. W. Maples
Cleaver, Mo.

(b) Address _____

19. (a) Jan. 10, 1942 (b) Ida B. Hawthorn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5th
year 1942 hour 2 minute 25 P.M.

21. I hereby certify that I attended the deceased from December 31-41
6 1941 to Jan 4 1942
that I last saw him alive on Jan 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death hypostatic pneumonia

Duration 3 da

Due to myocardial decompensation

7 or 8 yrs

Due to _____

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

Major findings: Of operations 93%

PHYSICIAN
Underline the cause to which death should be charged statistically.

Of autopsy _____

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) (b) Means of injury _____

23. Signature I. W. Maples (M. D. or other) 2
Address Nixa, Mo Date signed 1-7-42

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

159

RECEIVED

District Health Officer No. 6,

District File Number 142-89

Date Filed JAN 18 1942

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

J.W. Maples

Licensed Embalmer No. 2985-

P. O. Address Cherry mo

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.