

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. 420 North Fourth
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Frances E. Hunstock

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

4. Sex Female 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 February 16, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 11 25 hr. min.

9. Birthplace Chicago Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name George H. Huntsman

13. Birthplace Efforts Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Goul

15. Birthplace Efforts Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John A. Meyers

(b) Address Elgin Illinois

17. (a) Burial (b) Date thereof 2/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside

18. (a) Signature of funeral director Samuel Smith

(b) Address 902 Broadway Hannibal Missouri

19. (a) 2/13/42 (b) M. C. Fisher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11
year 1942 hour 11 minute 45 :A.M.

21. I hereby certify that I attended the deceased from 11-18
1941 to 2-11 1942
that I last saw h. alive on 2-11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
General arterio-sclerosis
Duration 3 mo.
1 yr.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 938

Major findings: Of operations _____

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) Means of injury _____

23. Signature Howard J. Judich (M. D. or other) M.D.

Address Hannibal Mo. Date signed 2-12-42

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

you mean

4
3
4

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 A. Moles*.....
Licensed Embalmer No..... 3296.....

P. O. Address..... Hannibal Missouri.....

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.