

FILED FEB 6 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. **4474**

Registrar's No. **1**

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

1. PLACE OF DEATH

(a) County **Saline**  
(b) City or town **Blackburn**  
(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**  
years, months or days

3. (a) PRINT FULL NAME **Mamie Hunter**

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 **Sept 18 1865**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>76</b>	<b>4</b>	<b>16</b>	hr. min.

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

10. Usual occupation **Housekeeper**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Anderson Hunter**

13. Birthplace **Frankfort, Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Wetzel, Guffey**

15. Birthplace **Frankfort, Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **James Hunter**

(b) Address **Blackburn Mo**

17. (a) **Burial** (b) Date thereof **Jan. 18-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Public Cemetery**

18. (a) Signature of funeral director **W. W. W. W.**

(b) Address **Blackburn Mo**

19. (a) **Jan 18, 1942** (b) **Mattie Wassler**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline**  
(c) City or town **Blackburn**  
(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.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **17** '42  
year \_\_\_\_\_ hour \_\_\_\_\_ minute **3.10 AM**

21. I hereby certify that I attended the deceased from **July 22, 1941**, 19 \_\_\_\_\_ to **Jan 17, 1942**, 19 \_\_\_\_\_  
that I last saw her alive on **Jan 17, 1942**, 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**  
Duration **2 days**

Due to **Carcinoma of Nasal Sinuses** **10 yrs**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death) **550**

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 **L. S. James, M.D.** (M.D. or other) \_\_\_\_\_

Address **Blackburn, Mo.** Date signed **1-17-42**

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 2-5-42

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

*Roy F. Wiegner*

Licensed Embalmer No. 2883

P. O. Address Highway 100, 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, above space should be left blank.