

FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7593
Registrar's No. 40

Registration District No. 1324

Primary Registration District No. 4439

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Jacksonville town
(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 None
In this community entire life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Jacksonville
(If outside city or town limits, write "RURAL")
(d) Street No. None (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME COMMODORE J. HUNTSMAN

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 Married
(b) Name of husband or wife Sophia J. Huntsman 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased March-11-1857
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 10 If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Josiah Huntsman

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

14. Maiden name Dicy Collins

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

16. (a) Informant Mrs. Sophia Huntsman

(b) Address Jacksonville, Mo.

17. (a) Burial (b) Date thereof Feb-25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cemetery

18. (a) Signature of funeral director Sign of Funeral Home

(b) Address of Moberly, Mo.

19. (a) Feb-25-1942 (b) Jama Kave
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
year 1942 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb. 8
1942 to Feb. 19 1942
that I last saw him alive on Feb. 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration 5 days
Due to arterio sclerosis 7 or 8 yrs.

Due to

Other conditions (Include pregnancy within 3 months of death) \$50

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. F. Turner (M. D. or other) 0

Address Macon, Mo. Date signed 2-23-42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 10-42-36

Date Filed MAR 10 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

R. M. Carter

Licensed Embalmer No.

4117

P. O. Address

Moberly 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.