S. No. 2
—4-13-40
. 5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

Registration District No. 444

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4262

State File No. 11130

Registrar's No. 20

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

52 0 0

1. PLACE OF DEATH:
(a) County: Knox
(b) City or town: Knox City Mo.
(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: 1 (Specify whether years, months or days)
In this community: 70 yrs

2. USUAL RESIDENCE OF DEACESED: 052 0 0
(a) State: Missouri (b) County: Knox
(c) City or town: Knox City
(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: Annie M. Hunsaker
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: F.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Enoch Hunsaker
6. (c) Age of husband or wife if alive: 90 years
7. Birth date of deceased: 5- (Month) 1- (Day) 1858 (Year)

8. AGE: Years	Months	Days	If less than one day
83	10	19	hr. min.

9. Birthplace: Petersburg (City, town, or county) Ill. (State or foreign country)
10. Usual occupation: House wife
11. Industry or business:
FATHER 12. Name: Ben Ferguson
13. Birthplace: unk (City, town, or county) Ky. (State or foreign country)
MOTHER 14. Maiden name: Jane Flemmons
15. Birthplace: unk (City, town, or county) Penn. (State or foreign country)
16. (a) Informant: May Perkins
(b) Address: Knox City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Knox City Cemetery
18. (a) Signature of funeral director: Roll Hudson
(b) Address: Edina, Mo.
19. (a) March 1942 (Date received local registrar) (b) Nell Northcutt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1942 hour 10 minute A. M.
21. I hereby certify that I attended the deceased from 1937 to Mar. 20 1942 that I last saw her alive on Mar 20 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Valvular heart trouble	5 yrs.
Due to: 930	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Bronchitis	3 wks

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 R Northcutt (M. D. or other)
Address: Knox City Mo. Date signed 3/22/42

112

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-9-705
Date Filed APR 9 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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Missou

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.