

Registration District No. 89

Primary Registration District No. 3007

Registrar's No. 177

12  
9  
3  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: South F. Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life  
(Specify whether years, months or days)

In this community Life

3. (a) PRINT FULL NAME CHARLES Henry Hunter

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. NONE

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced divorced 3

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: unknown  
(Month) (Day) (Year)

8. AGE: Years 56 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation COMMON LABOR

11. Industry or business unknown

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

14. Maiden name unknown

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

(a) Informant burial

(b) Address \_\_\_\_\_

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof 5-28-42  
(Month) (Day) (Year)

(c) Place: burial or cremation County farm

18. (a) Signature of funeral director Greer Croy Service

(b) Address Poplar Bluff, Mo

19. (a) 6/4/42 (Date received local registrar)

(b) Belle Kime (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

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

(d) Street No. South F. Street  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25  
year 11 hour P. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Syphilitic

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

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

Other conditions 309  
(Include pregnancy within 8 months of death)

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

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

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

Duration \_\_\_\_\_

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) (a) Means of injury \_\_\_\_\_

23. Signature Alfred M. Greer (M. D. or other) \_\_\_\_\_

Address Poplar Bluff Mo Date signed 6/26-42

SEP 30 1942

RECEIVED

District Health Office No. 2,

District File Number 642-785-

Date Filed JUN 16 1942

JUL 28 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.....

Licensed Embalmer No.....

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of Mo  
County of Bude } ss.

State File No. ....  
Local Registrar's No. 177

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 30th day of June, 1942, before me appears Mrs. Myra  
W. Knox, who, upon her oath, states that the original record of <sup>birth</sup> death

for HENRY HUNTER <sup>died</sup> ~~born~~ May 25, 1942, in the State of Missouri, and which was filed at Poplar Bluff on 6/4, 1942, should be corrected as follows:

Item No. 3 should read CHARLES-HENRY-HUNTER

Instead of HENRY HUNTER

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

Mrs. Myra W. Knox  
Relationship

Hoxie, Arkansas

Present Address.

June,

Subscribed and sworn to before me this 30th day of June, 1942.

My Commission expires Oct. 26, 1943

[Signature]  
Notary Public.

This affidavit with Bill Hunter, no signature  
Bill Hunter - Bill Hunter, no signature  
Affidavits containing erasures will not be accepted; draw one line through error and write above it.

SEP 30 1942

JUL 28 1942

(2) 17525



MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

State of Mo  
County of Butler ss.

State File No. \_\_\_\_\_  
Local Registrar's No. 177

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 19 day of June, 1942, before me appears \_\_\_\_\_  
Myra R. Knox, who, upon her oath, states that the original record of ~~birth~~  
for Henry Hunter died 5-25, 1942, in the State of  
Missouri, and which was filed at Poplar Bluff on 6-4, 1942, should be corrected as follows:

- Item No. 3 should read Charles Hunter  
Instead of Henry Hunter
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_
- Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant: Myra R. Knox  
Relationship: ex-wife  
Present Address: \_\_\_\_\_

Subscribed and sworn to before me this 19 day of June, 1942

My Commission expires 2/1/46 Notary Public. R. J. Camp

Affidavits containing erasures will not be accepted; draw one line through error and write above it.