

Registration District No. **125**

Primary Registration District No. **3009**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(c) Name of hospital or institution St. Francis Hospital  
(d) Length of stay: In hospital or institution 18 hours  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Scott  
(c) City or town Sikeston, Mo. Rural  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULLNAME Charles W. Hunt  
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 29  
year 1942 hour 5 minute AM

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 3 divorced  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years 1885

21. I hereby certify that I attended the deceased from 4-28, 1942 to 4-29, 1942 that I last saw him alive on 4-29, 1942 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>7</u>	<u>17</u>	_____ hr. _____ min.

Immediate cause of death: Acute Generalized Septicemia - Ulcer of Stomach  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Marion Kentucky  
10. Usual occupation Farm Laborer

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: 1170  
Of operations \_\_\_\_\_  
Of autopsy none

MOTHER FATHER {  
12. Name John Hunt  
13. Birthplace Unknown  
14. Maiden name Sarah McCellan  
15. Birthplace Unknown

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant \_\_\_\_\_  
(b) Address Sikeston, Mo.  
17. (a) Burial (b) Date thereof 5-1-1942  
(c) Place: burial or cremation Sikeston, Mo.  
18. (a) Signature of funeral director Welsh Funeral Home  
(b) Address Sikeston, Mo.  
19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Data received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) none  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(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 M. J. Anderson (M. D. or other) \_\_\_\_\_  
Address Sikeston, Mo. Date signed 5-5-42

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

6  
1  
4

1019

RECEIVED  
RECEIVED

Officer No. \_\_\_\_\_  
District Health Officer No. 4  
District File Number 542-699  
Date Filed 5-27-42

FEB 9 1944

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 Raymond Crews  
Licensed Embalmer No. 3467  
P. O. Address Liberton 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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17650

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 251

1. PLACE OF DEATH

(a) County Cape Girardeau

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

(c) Name of hospital or institution St. Francis Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 hrs.  
(Specify whether years, months or days)

In this community 18 hrs.

3. (a) PRINT FULL NAME Charles W Hunt

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 12 years

7. Birth date of deceased Sept 12 1885  
(Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days 10  
If less than one day in min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name John Hunt

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

14. Maiden name Sarah McClellan

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

16. (a) Informant Myrtle Hunt - Daughter

(b) Address Sikeston, Mo

17. (a) Burial (b) Date thereof 5-1-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo

18. (a) Signature of funeral director Walter F. unequal home

(b) Address Sikeston, Mo

19. (a) 5-29-42 (b) E. H. Phelps  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott

(c) City or town Sikeston, Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month april Day 29  
year 1942 hour 15 minute 29 M.

21. I hereby certify that I attended the deceased from 4-28  
1942 to 4-29, 1942  
that I personally saw the body on 4-29, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death acute generalized Peritonitis  
1 day  
Due to ulcer of stomach  
Due to 2 weeks

Other conditions 1170  
(Include pregnancy within 3 months of death)

Major findings: None

Of operations

Of autopsy None

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) None

(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)

23. Signature M. H. Anderson (M. Doctor) (M. Doctor)

Address Sikeston, Mo Date signed 5/5/42

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

