

FILED JUL 22 1942

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 181

1
3
3

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

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Richville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mo 14 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Enoch Hunsaker

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Anna Hunsaker 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug - 12 - 1851
(Month) (Day) (Year)

8. AGE: Years 90 Months 10 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace New Town Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Common laborer

MOTHER FATHER. 11. Industry or business _____

12. Name John Hunsaker

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

14. Maiden name Sarah Hunsaker

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

16. (a) Informant Maggie White

(b) Address 1535 Lind St Quincy

17. (a) Burial (b) Date thereof June - 20 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Knox City

18. (a) Signature of funeral director Keith Hudson

(b) Address Edina Missouri

19. (a) 6/20/42 (b) Mrs. J. Wagner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(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) Citizen of foreign country? 6 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1942 hour 12 minute 12 P M.

21. I hereby certify that I attended the deceased from April 7
1942 to June 18 1942
that I last saw him alive on June 18 1942
and that death occurred on the day and hour stated above.

Immediate cause of death Coronary Artery Failure Duration 12 days

Due to Chronic Myocardiosis

Due to Senility

Other conditions 93P
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 M.T. Huttenlocher (and other) D.O.
Address Richville, Mo. Date signed 6-18-42

RECEIVED

District Health Officer No. 10

District File Number 7-42-1464

Date Filed JUL 2 11942

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, 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.