

No. 2
4-13-40
5-17-39
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27985

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 149

BUREAU OF THE CENSUS
FILED SEP 15 1942

Registration District No. 294

Primary Registration District No. 3056

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

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: 340 Woodland
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 40 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 340 Woodland
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Louis Hunt

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19th year 1942 hour _____ minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 30th 1942 to Aug 19th 1942, that I last saw him alive on Aug 19th 1942 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race White

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

6. (b) Name of husband or wife Amelia G. Hunt 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 3rd 1881
(Month) (Day) (Year)

Immediate cause of death Uremic Poison 4 days

Due to Apoplexy 2 1/2 yrs

Due to Arterio Sclerosis

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

8. AGE: Years Months Days If less than one day

61 5 16 hr. _____ min.

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

10. Usual occupation Clerk Motor Vehicle Dept.

11. Industry or business State of Missouri

MOTHER FATHER {

12. Name Robert Hunt

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

14. Maiden name " " 9

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

Major findings: _____

Of operations _____

Of autopsy no

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

16. (a) Informant Mrs. Amelia Hunt

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof Aug 21st 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly Mo

19. (a) Aug 21-42 (b) Anna Dave
(Date of final registrar) (Registrar's signature)

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 no

23. Signature Bern J. Jolly M.D. (M.D. or other)

Address 201 W. 1st Moberly Mo Date signed 8/21/42

RECEIVED

District Health Officer No. 10

District File Number 4-92-1759

Date Filed SEP 14 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 Frank D. De Witt

Licensed Embalmer No. 3021

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27985
Registrar's No. 149

Registration District No. 294

Primary Registration District No. 3056

1. PLACE OF DEATH

(a) County Rankolph
(b) City or town Mooreville
(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..... (Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME

Louis Hunt

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 M
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. mar 3 (Month) (Day) (Year)

8. AGE: Years 41 Months 5 Days 10 If less than one day min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER
12. Name.....
13. Birthplace..... (City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b)..... (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County.....
(c) City or town..... (If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 19 year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
..... 19.....
that I have seen him/her alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....
Duration.....

Due to acute nephritis
Due to arterio sclerosis

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

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 Ben S Gally (M. D. or other).....
Address 201 W. 2nd, Moberly Date signed 8-15-42

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

SUPPLEMENTARY

