

30002

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED OCT 10 1942

Registration District No. 49

Primary Registration District No. 5175

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Camden

(b) City or town marks creek Mo Rt 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rt 2 marks creek Mo 1
(If not in hospital or institution, write street number or location)

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

In this community 29 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden

(c) City or town marks creek
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Rt 2
(If rural, give location)

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

3. (a) PRINT FULL NAME William France Hunt

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, day 28th, year 1942 hour 4 minute 40 p. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Arminda Hunt

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Oct 14 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 28th, 1941, to Aug 28, 1942; that I last saw him alive on Aug 23rd, 1942; and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 10 Days 14 If less than one day _____
hr. min.

Immediate cause of death Myocardial Regurgitation of Heart, with Impairment of Things, Dropsy, and exhaustion Duration _____

9. Birthplace Mc, Minn, Co Penna
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

10. Usual occupation Farming

Other conditions 928
(Include pregnancy within 3 months of death)

11. Industry or business _____

FATHER { 12. Name John H Hunt

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

MOTHER { 14. Maiden name Augusta Ann Worthy

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Albert Hunt

(b) Address marks creek mo

17. (a) Burial (b) Date thereof Aug 29 1942
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove cemetery

18. (a) Signature of funeral director Ed. J. Head set

(b) Address marks creek Mo

19. (a) 9-30-42 (b) Mrs. A. P. Jackson
(Date received local 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 _____

23. Signature E. J. Myers (M. D. or other) _____

Address marks creek mo Date signed 8-29-42

MARGIN RESERVED FOR BINDING
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 5-17-39
Rev. 5-17-39
U. S. G. P. 1 XISSH

RECEIVED

District Health Officer No. 7;

District File Number... 10-42-1047

Date Filed... 10-5-42

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, above space should be left blank.