

FILED OCT 14 1942

Primary Registration District No. **5816**

71  
8  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County **Morgan**  
(b) City or town **Rockland Top Rural**  
(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 **40 years**  
(years, months or days)

3. (a) PRINT FULL NAME **William Frederic Huntress**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, **Divorced**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased **Apr 17 1863**  
(Month) (Day) (Year)

8. AGE: Years **79** Months **4** Days **19** If less than one day  
hr. min.

9. Birthplace **Morgan Co Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business

12. Name **Wm Frederic Huntress**  
13. Birthplace **West Virginia (Morgan Co)**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Polly Ann Miller**  
15. Birthplace **Madison Co Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Beynon K. Huntress**  
(b) Address **Flournoe Ave**

17. (a) **Burial** (b) Date thereof **9-8-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Smithton Cem**

18. (a) Signature of funeral director **A. T. Hennepe**  
(b) Address **Smithton Mo**

19. (a) **Sept 8 42** (b) **Henry Rippe**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Morgan**  
(c) City or town **Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **6th**  
year **1942** hour **5** minute **45 P. M.**

21. I hereby certify that I attended the deceased from **Aug 1939**  
to **Sept 6 1942**  
that I last saw him alive on **Sept 4 1942**  
and that death occurred on the date and hour stated above.

Immediate cause of death **arterio sclerosis**  
**+ inanition** — **Senile**

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

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) Means of injury **1**

23. Signature **W. B. Dunn** (M. D. or other)  
Address **Vanilla Mo** Date signed **9/8/42**

RECEIVED

District Health Officer No. 7,

District File Number 10-42-1122

Date Filed 10-12-42

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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.

3912

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.