

FILED OCT 9 1942

State File No.

Registration District No. 226

Primary Registration District No. 6109

Registrar's No. 48

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

1. PLACE OF DEATH:

(a) County Sevier

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community 32 years
years, months or days

3. (a) PRINT FULL NAME Nora Luella Hunter

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced 2 divorced widowed

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

7. Birth date of deceased Oct 18 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace Sevier Dewa 1
(City, town, or county) (State or foreign country)

10. Usual occupation Hom twp

11. Industry or business _____

MOTHER FATHER

12. Name Wm Dylon

13. Birthplace not known 9
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thelma Nelson

(b) Address Memphis, Mo

17. (a) Rural (b) Date thereof 8-26-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richland

18. (a) Signature of funeral director W. W. Maynes, Sr.

(b) Address Memphis, Mo

19. (a) 9-9-42 (b) Bertrice Nelson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Sevier

(c) City or town Rural
(If outside city or town limits, write "RURAL.")

(d) Street No. Union twp
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
year 1942 hour 9 minute _____ M.

21. I hereby certify that I attended the deceased from June 16, 1937 to Aug 13, 1942
that I last saw him alive on Aug 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 8-22-42
Duration

Due to Arteriosclerosis

Due to Chronic Myocarditis

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

Major findings: 93d
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 E. B. Hellebrand (M. D. or other) M.D.
Address Memphis, Mo Date signed 9-4-42

RECEIVED

District Health Officer No. 10

District File Number 10-42-1859

Date Filed OCT 7 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

Neal Payne

Licensed Embalmer No.

2550

P. O. Address

Memphis, 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.