

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

FILED NOV 12 1942

State File No.

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 430

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: 7079 West 10th St.
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution Lifetime
(If not in hospital or institution, write street number or location)

In this community Lifetime
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 7079 W. 10th St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James Albert Hunter.

3. (b) If veteran, name war

3. (c) Social Security No. 362-05-3521

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7
year 1942 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from Oct 6
1942 to Oct 7 1942
that I last saw him alive on Oct 6 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 Lula 6. (c) Age of husband or wife if alive 37 years
(Month) (Day) (Year)

7. Birth date of deceased Feb. 20-1906
(Month) (Day) (Year)

Immediate cause of death Acute Heart Failure
secondary to Bronchial asthma

Due to Bronchial asthma 2 days
Duration

Due to

8. AGE: Years 36 Months 7 Days 17
If less than one day hr. min.

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

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.

10. Usual occupation Salger Fire Co.

11. Industry or business Salger Fire Co.

12. Name Albert Hunter

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

14. Maiden name Esther Cayler

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

16. (a) Informant Mrs. Lula Hunter

(b) Address Joplin, Mo.

17. (a) Burial (b) Date thereof 10-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fair View Cems.

18. (a) Signature of funeral director Sherrill Dixon Montway

(b) Address Joplin, Mo.

19. (a) 10-9-42 (b) Walter E. Hudchoette
(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?

23. Signature J. Achenbach (M. D. or other)
Address Joplin Mo Date signed 10/8/42

901

DEC 1 1948

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.....*Don Petrak*.....
Licensed Embalmer No.....*4008*.....
P. O. Address.....*Joplin, Mo.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to col. the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

STANDARD CERTIFICATE OF DEATH

State File No. 34011

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 420

1. PLACE OF DEATH:

(a) County..... Jasper

(b) City or town..... Jasper
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (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.....

3. (a) PRINT FULL NAME..... James Albert Hunter

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

MEDICAL CERTIFICATION

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

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..... Feb 20 1906
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19.....; that I first saw him..... arrive on....., 19.....; and that death occurred on the date and hour stated above. (Immediate cause of death.....) /Duration.....

8. AGE: Years..... 36 Months..... Days..... If less than one day..... min.

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

Due to..... Bronchial asthma 2 days

Due to..... base unknown - was dead when I arrived.

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

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)

Major findings: Of operations.....

Of autopsy.....

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

16. (a) Informant..... (b) Address.....

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

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

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

19. (a)..... (b).....
(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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?.....
(Specify type of place)

While at work?..... (c) Means of injury.....

23. Signature..... (M. D. or other).....
Address..... Date signed.....

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

SUPPLEMENTARY

S-34011 1942