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FILED NOV 5 1942
Registration District No. 2133

Primary Registration District No. 4348

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Wellsville
(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 Missouri (b) County Montgomery

(c) City or town Wellsville
(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 IDA MAY HUNT

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3rd
year 1942 hour One minute — P.M.

21. I hereby certify that I attended the deceased from Sept 1, 1942, to Oct 2, 1942, that I last saw her alive on Oct 2, 1942, and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, 2 divorced Widowed

6. (b) Name of husband or wife Joseph T. Hunt

6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased: JAN 18 1860
(Month) (Day) (Year)

Immediate cause of death Cancer Duration 6 mo

Due to typ carcinoma

Due to —

Other conditions: —
(Include pregnancy within 3 months of death)

8. AGE: Years 82 Months 8 Days 16 If less than one day — hr. — min.

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

10. Usual occupation Home Keeper

MOTHER FATHER

11. Industry or business —

12. Name James Hoff

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

14. Maiden name DeMaies Veach

15. Birthplace Ky. I
(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 Gertude Keith

(b) Address New Hartford

17. (a) Burial (b) Date thereof Oct 5 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middletown

18. (a) Signature of funeral director Wellsville

(b) Address Wellsville Mo

19. (a) Oct 6 1942 Mrs Virginia Norton
(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? —

(Specify type of place) (e) Means of injury —

While at work? —

23. Signature W. H. Walls (M-D, or other) MD

Address Wellsville Date signed Oct 5 1942

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

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. 3059
P. O. Address Wellsville N

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. 34368

Registration District No. 223

Primary Registration District No. 4348

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Willard
(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 Ida May Hunt

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days _____ If less than one day _____ min.

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

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 _____ (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)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from _____ 19____; that I saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the Stomach Duration 8 Mos
Due to Esophageal Carcinoma

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)

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

(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature W. H. Waller (M. D. or other) MD

Address Willardville Date signed Dec 19 1942

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

SUPPLEMENTARY

1942

5-34368