V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37195

Registration District No. 138 Primary Registration District No. 5527 Registrar's No. 5

1. PLACE OF DEATH:

(a) County Hickory
(b) City or town "Rural" Tyler
(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 LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Hickory 43 0
(c) City or town "Rural" Tyler Twp. 0
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? NO (~~Yes or~~ No)
If yes, name country 0

3. (a) PRINT FULL NAME Evalena Hunt

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 Married
6. (b) Name of husband or wife Bay Hunt
6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased July (Month) 4 (Day) 1873 (Year)

8. AGE: Years 69 Months 4 Days 0 If less than one day ..... hr. ..... min.

9. Birthplace Elkton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Own Home
FATHER
12. Name Jerome B. McCracken
13. Birthplace Elkton (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Minerva Sapp
15. Birthplace Boone County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Dovie Marsh
(b) Address Flemington, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 6 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Durnell Chapel Cemetery
18. (a) Signature of funeral director E H Humm
(b) Address Humansville Mo
19. (a) Nov-9-1942 (Date received local registrar) (b) Mary F Carlstrom (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 4th year 1942 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from ....., 1939, to Nov-4-, 1942 that I last saw her alive on Nov-1-, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Tuberculosis	5 yrs
Due to —	
Due to ✓	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

13b

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

23. Signature A. S. Johnston (M. D. ~~or other~~)
Address Wheatland Mo Date signed 11-6-42

1074

(Licensed Embalmer's Statement on Reverse Side)

REC[illegible]

District Health Officer No. 7,

District File Number 12-42-1263

Date Filed 12-4-42,

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 by me, Registered Apprentice No., working under my personal supervision.

Signed E H Simm

Licensed Embalmer No. 4282

P. O. Address Humansville, 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.