

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 374

Primary Registration District No. 4546

Registrar's No.

1. PLACE OF DEATH

(a) County North

(b) City or town Denver, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: North County Farm 5 Denver, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County North

(c) City or town Denver, Mo.
(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 Jordan Hunter

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 25
year 1942 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from ✓
19... to ... 19...
that I last saw h... alive on ... 19...
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced. 19

6. (b) Name of husband or wife 1 6. (c) Age of husband or wife if alive... years

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

Immediate cause of death Asphyxiation and body completely emaciated
Due to stone burnt down
Due to ...

Other conditions (Include pregnancy within 3 months of death) 1815

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

Major findings: Of operations ...

Of autopsy ...

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

10. Usual occupation Carpenter

11. Industry or business

12. Name Wm Hunter

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

14. Maiden name Edna Smith

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

16. (a) Document Denver, Mo.

(a) Burial (b) Date thereof 11-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wagon cemetery

18. (a) Signature of funeral director Dean P. ...

(b) Address Denver, 1110

19. (a) 1942-42 (b) Arlene Scadden
(Date received local registrar) (Registrar's signature)

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) accident 113

(b) Date of occurrence 11-25-42

(c) Where did injury occur? Denver North Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work Sleeping (Specify type of place) (e) Means of injury 3

23. Signature A. C. Turfee (M.D. or other) Cowan
Address Went City, Mo. Date signed 11-25-42

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

113
8
0

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.....

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, fact should be so stated above.

12 244