

FILED JAN -8 1943

Registration District No. 33

Primary Registration District No. 3016

Registrar's No. 346

16  
1  
4

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

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution S. E. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
(Specify whether years, months or days) yes 6 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. White Water, Mo  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Dora 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 Divorced

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

7. Birth date of deceased July 26, 1879  
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Industry

MOTHER FATHER

12. Name Francis Snider

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

14. Maiden name Marissa Parks

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

16. (a) Informant Son, Clarence Hunter

(b) Address St. Louis, Mo

17. (a) Burial (b) Date thereof Dec. 14, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bark Chapel

18. (a) Signature of funeral director Seaberg

(b) Address Cape Girardeau, Mo

19. (a) 12-17-42 (b) F. M. Phelps  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 13  
year 42 hour 1 minute 0 M.

21. I hereby certify that I attended the deceased from 12  
7 1942 to 12/13 1942  
that I last saw her alive on 12/13 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Duration

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death) 83a!

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)

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

While at work?..... (Specify type of place)  
(e) Mean of injury.....

23. Signature [Signature] (M.D. or Other)  
Address Cape Girardeau, Mo Date signed 12/17/42

1014

RECEIVED

District Health Officer No. 4  
District File Number 143-1600  
Date Filed 1-7-43

JUL 17 1945

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.....

*Glenn Wilson*

Licensed Embalmer No. 2828

P. O. Address.....

*Jackson 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.