

FILED JAN 15 1942

Registration District No. 286

Primary Registration District No. 2001

Registrar's No. 558-A

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

1. PLACE OF DEATH:

(a) County Gascon
(b) City or town Gasper
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 hrs 30 min
(Specify whether
In this community 1 day
years, months or days)

3. (a) PRINT FULL NAME David Oliver Hunt

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

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

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

7. Birth date of deceased: Dec 19 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
18 hr. 30 min.

9. Birthplace: Gasper MO
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name B-O Hunt Sr

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

14. Maiden name Billie Harrison

15. Birthplace Gasper MO
(City, town or county) (State or foreign country)

16. (a) Informant B-O Hunt Sr

(b) Address 1810 Virginia

17. (a) Burial (b) Date thereof 12-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Honest Park Cem

18. (a) Signature of funeral director Herb Hill Patton

(b) Address 4th - wall st

19. (a) 12-31-42 (b) Gutend Dushoeller
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Gascon
(c) City or town Gasper
(If outside city or town limits, write "RURAL")
(d) Street No. 1810 Virginia
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
year 1942 hour 11 minute 25 M.

21. I hereby certify that I attended the deceased from 12-17, 1942
to 12-17-42, 1942

that I last saw him alive on 12-16-42
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial heart defect
myocardial atelectasis

Due to.....
Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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)
(c) Means of injury.....

23. Signature [Signature] (M. D. or other)
Address Gasper MO Date signed 12/30/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

42-12-110

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 Tetrick*

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 comply with the above constitutes grounds for revocation of license.)

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