

FILED FEB 13 1943
Registration District No. **3048**

Primary Registration District No. **3048**

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

1. PLACE OF DEATH:

(a) County Podaway

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

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 68 years (Specify whether years, months or days)

In this community 68 years

3. (a) PRINT FULL NAME Edward Everett Hunt

3. (b) If veteran, name war 1/10

3. (c) Social Security No. 7100

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced 1 M

6. (b) Name of husband or wife Edna Hunt

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Sept 12 1865
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|----------|-----------|----------------------|
| <u>77</u> | <u>4</u> | <u>19</u> | hr. min. |

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

10. Usual occupation Farmer

11. Industry or business

12. Name Martin Hunt

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

14. Maiden name Joe Hanna Shortell

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

16. (a) Informant Mrs Edna E Hunt

(b) Address Marionville Mo

17. (a) Burial (b) Date thereof 2-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Patrick

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address Marionville Mo

19. (a) 2-5-43 (b) Mary Coile
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Podaway

(c) City or town Marionville
(If outside city or town limits, write "RURAL")

(d) Street No. R. # 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 1
year 1943 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2-1-43
to 2-1 1943

that I last saw him alive on 2-1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolus

Due to _____

Due to _____

Other conditions 94a
(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)

(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 John E. Egly (M. D. or other) M.D.
Marionville, Mo. Date signed 2-2-43

MAR 18 1948

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..... *William Campbell*

Licensed Embalmer No..... *2620*

P. O. Address..... *Marionville, 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.