S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 16 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3695

State File No.

Registration District No. 33

Primary Registration District No. 6121

Registrar's No.

1. PLACE OF DEATH:

(a) County R. Shannon

(b) City or town Birch Tree Mo R 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 28 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon 101 0

(c) City or town Birch Tree Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME Burton C. Hunt.

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. (Month) 6 (Day) 1870 (Year)

8. AGE: Years 72 Months 4 Days 24 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business ✓

FATHER
12. Name
13. Birthplace Not Known 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace Not Known 9 (City, town, or county) (State or foreign country)

16. (a) Informant Carlos Stover

(b) Address Birch Tree Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31-42 (Month) (Day) (Year)

(c) Place: burial or cremation Monteer, Mo.

18. (a) Signature of funeral director John F. Duncan

(b) Address Mtn View Mo.

19. (a) 1-10-43 (Date received local registrar) (b) Frank Hyde MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30th year 1942 hour 4 minute a.M.

21. I hereby certify that I attended the deceased from Dec 26, 1942, to Dec 30, 1942 that I last saw him alive on Dec 26, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93d

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. S. Davis (M. D. or other)

Address Birch Tree Mo Date signed 1/9-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 14357
Date Filed 1-15-42

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~~ .....

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed John F. Hmeau

Licensed Embalmer No. 2516

P. O. Address N X Veer 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.