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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 8 1943

Registration District No. 2 64

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7166

Primary Registration District No. 5894

Registrar's No. 3

1. PLACE OF DEATH:
(a) County Ozark
(b) City or town Gainesville-Pina Creek Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Hosp
(If not in hospital or institution, write street number or location) /
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 42 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ozark
(c) City or town Gainesville - Rural
(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 None

3. (a) PRINT FULL NAME Hulda Margaret Ann Hunt
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 Married

6. (b) Name of husband or wife Marrion L. Hunt
6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Jan. (Month) 23rd (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
64	1	0	hr. min.

9. Birthplace Ozark Co (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House Keeper
11. Industry or business

MOTHER FATHER
12. Name Henry Cook
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name Angelene Martin
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Marrion L. Hunt
(b) Address Gainesville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2nd 24, 43 (Month) (Day) (Year)
(c) Place: burial or cremation Smith Chapel
18. (a) Signature of funeral director McClure Funeral Home
(b) Address Gainesville, Missouri
19. (a) Feb. 24/43 (Date received local registrar) (b) Margaret Hutchison (Registrar's signature)

1008

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23
year 1943 hour 4:30 minute A.M.
21. I hereby certify that I attended the deceased from April 10, 1942, to Feb 23, 1943; that I last saw h[illegible] alive on Jan 15, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Dilation of heart	
Due to Myocarditis	
Due to Sveral years weak heart muscle	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
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 P. E. Bishop (M. D. or other)
Address Gainesville Mo. Date signed 2-24-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 343-303
Date Filed MAR 4 1943

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 Lawrence L. Hall

Licensed Embalmer No. 2784

P. O. Address Greenville, Me

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.