

Kamp.
9536

FILED APR 14 1943
Registration District No. 38

Primary Registration District No. 3006

56

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

1. PLACE OF DEATH:

(a) County... Boone
(b) City or town... Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
820 Hillcrest /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... 31 Years (Specify whether years, months or days)
In this community... 31 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Boone
(c) City or town... Columbia
(If outside city or town limits, write "RURAL")
(d) Street No... 820 Hillcrest
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country... 0

3. (a) PRINT FULL NAME HOWARD MARTIN HUNGATE

3. (b) If veteran, name war... None
3. (c) Social Security No... None

4. Sex... Male
5. Color or race... White
6. (a) Single, widowed, married, divorced... Married
6. (b) Name of husband or wife... Carrie Belle Hungate
6. (c) Age of husband or wife if alive... years
7. Birth date of deceased... 9 - 30 - 1871
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 10
If less than one day hr. min.

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

10. Usual occupation... Retired

11. Industry or business

12. Name... Thomas Cornwall Hungate

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

14. Maiden name... Jane H. Martin (City, town, or county) (State or foreign country)

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

16. (a) Informant... Mrs. H.M. Hungate

(b) Address... Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof... 3-12-43 (Month) (Day) (Year)

(c) Place: burial or cremation... Columbia Cemetery

18. (a) Signature of funeral director... Parker Funeral Service
(b) Address... Columbia, Mo.

19. (a) 3-12-1943 (Date received local registrar) (b) E. Alma H. Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... March day... 10 year... 1943 hour... 10:00 minute... A. M.

21. I hereby certify that I attended the deceased from March 9, 1943, to March 10, 1943 that I last saw him alive on March 7, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death... Chronic myocardiitis

Due to... Atherosclerosis

Due to...

Other conditions... none (Include pregnancy within 3 months of death)

Major findings: Of operations... none

Of autopsy... none

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) Means of injury...

23. Signature... A.W. Jansperhult (M. D. or other)

Address... Columbia, Mo. Date signed... 3-11-43

Duration
5 yr
57
PHYSICIAN
Underline the cause to which death should be charged statistically.

1250

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

Licensed Embalmer No. *24132*

P. O. Address *Columbia, 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.