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32873

FILED APR 14 1943

Registration District No. 13843

Primary Registration District No. 3006

Registrar's No. 85

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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:
Boone County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community 26 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Henry B. Hunter

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased. March 12th 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 0 17 hr. min.

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

10. Usual occupation. Chiroprapist

11. Industry or business. Self

12. Name. Alfred M. Hunter

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

14. Maiden name. Agnes Batters
(City, town, or county) (State or foreign country)

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

16. (a) Informant. Mrs. H. B. Hunter

(b) Address. Moberly, Mo

17. (a) Burial (b) Date thereof. Apr 15th 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director. Mahan and Son

(b) Address. Moberly, Mo

19. (a) 4-1-43 (b) Edna H. Barber
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town. Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 1400 Concannon
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29
year 1943 hour 5 minute 50 P.M.

21. I hereby certify that I attended the deceased from Mar 28
12th A.M. 1943, to Mar 29 1943,
that I last saw him alive on Mar 29 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral hemorrhage Duration

Due to. Ruptured vessel

Due to. Arteriosclerosis

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

Major findings:
Of operations. 830

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)
(e) Means of injury.....

23. Signature. N. In. Lewis Young (M. D. or other)
Address. Columbia, Mo Date signed 3/30/43

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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.