

FILED APR 14 1943

Registration District No. 3075

Primary Registration District No. 3075

Registrar's No. 18

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

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Mary Belle Hunsaker

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

4. Sex Female / 5. Color or race W / 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. Sept 17, 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 6 8 hr. min.

9. Birthplace. Gibson Co., Ind.  
(City, town, or county) (State or foreign country)

10. Usual occupation. House keeper

11. Industry or business.....

MOTHER FATHER

12. Name Marion Thorne  
13. Birthplace Ware Co., Ind.  
(City, town, or county) (State or foreign country)  
14. Maiden name Harriet Ellen Keith  
15. Birthplace Ind.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Willie Oliver

(b) Address Dexter, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 27, 43  
(Month) (Day) (Year)

(c) Place: burial or cremation Ess:ex, Mo.

18. (a) Signature of funeral director Watkins Funeral Ser.

(b) Address Dexter, Mo.

19. (a) 3-28-43 (b) Nora Smith  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25  
year 1943 hour 5 minute 5.30 M.

21. I hereby certify that I attended the deceased from 3-23 1943 to 3-25 1943  
that I last saw her alive on 3-24 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis  
Duration

Due to Arterio-sclerosis

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....  
Of autopsy.....  
PHYSICIAN

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 Frank Hobbs (M. D. or other) MD  
Address Dexter, Mo. Date signed 3/26/43

113x

RECEIVED

District Health Office No. 2,

District File Number 443-482

Date Filed 4-12-48

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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

*B. J. Brentlinger*

Licensed Embalmer No. 4261

P. O. Address Walter Ave

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.