

U. S. No. 2
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13974

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

ED APR 27 1943

Registration District No. 59

Primary Registration District No. 5224

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Rural Grand River Twp.
(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 70 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass

(c) City or town Harrisonville (Rural)
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME James Manfred Hunt

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 20
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
_____, 19____, to _____, 19____;

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

7. (b) Name of husband or wife Eva Route Hunt 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Jan 14 1861
(Month) (Day) (Year)

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Found dead along highway 21 about 4 a.m. had left home to take milk due to bleed. Released part of tooth.

8. AGE: Years 83 Months 3 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Cabinet Maker Retired

Due to Medical Negligence of Local, Assisted Supply

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name Truman H. Hunt

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

14. Maiden name Mary Ann Mastman

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

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 _____

16. (a) Informant Mrs. Eva J. Hatten

(b) Address Harrisonville Mo

17. (a) burial (b) Date thereof Apr 23 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director: GUNNERBURGER'S

(b) Address HARRISONVILLE MO

19. (a) April 23 1943 (b) Margaret Volle
(Date received local registrar) (Registrar's signature)

23. Signature: P. M. Griffith (M. D. or other) _____

Address Harrisonville Mo Date signed 4/23/43

Carroll Co. Co.

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

1900

1900

1097

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

Ernest Runnenburger

Licensed Embalmer No.

33680

P. O. Address

Harrisonville, 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, above space should be left blank.