

009

FILED JUN 10 1943

Registration District No. 223

Primary Registration District No. 5458

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Walnut Grove
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
none Walnut Grove Inf
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Several years at
years, months or days different times

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Walnut Grove 1
(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 _____

3. (a) PRINT FULL NAME E.P.A. Irene Hunt.

3. (b) If veteran, name war nil

3. (c) Social Security No. me

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day May
year 1943 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from May-8
8, 1943, to May-8 1943
that I last saw her alive dead May-8 1943
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Y

6. (b) Name of husband or wife Dr. Hunt (Freedom Act)

6. (c) Age of husband or wife if alive DX years

7. Birth date of deceased April 19- 1868
(Month) (Day) (Year)

Immediate cause of death Heart Attack
Probably Fibrillation of
Ventricles

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years 75 Months 19 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Bates County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Music Teacher

11. Industry or business Retired Music Teacher

12. Name William A. Clark

13. Birthplace Ind. 1
(City, town, or county) (State or foreign country)

14. Maiden name Jules Wilcox

15. Birthplace Ind. 1
(City, town, or county) (State or foreign country)

16. (a) Informant J. A. Wilkey -

(b) Address W. Wilcox Mo. R. 1

17. (a) Burial (b) Date thereof 5-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rosehill Cemetery

18. (a) Signature of funeral director Jesse A. Brown

(b) Address Walnut Grove Mo.

19. (a) 5-9-43 (b) Nelson L. Murray
(Date received local registrar) (Registrar's signature)

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 J. W. Barber (M. D. or other) 1

Address Walnut Grove Date signed 5/9/43

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

RECEIVED

Greene County Health Office

County File Number 43-6-67

Date Filed 6/5/43

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

Gene A. Brown

Licensed Embalmer No. 2664

P. O. Address Walnut Grove 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.