

Registration District No. 204

Primary Registration District No. 3022

Registrar's No. 49

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

51
2
2

1. PLACE OF DEATH

(a) County Johnson

(b) City or town Warrensburg

(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 _____ (Specify whether _____)

In this community 10 years (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Johnson

(c) City or town Warrensburg

(d) Street No. 218 West South St (If outside city or town limits, write "RURAL")

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Malinda Ellen Hunter

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1943 hour 11:00 minute _____ M.

4. Sex female 5. Color or race white

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

6. (b) Name of husband Hellam Hunter Age of husband or wife if alive _____ years

7. Birth date of deceased June - 23 - 1866

21. I hereby certify that I attended the deceased from May 12 1943 to May 18 1943 that I last saw her alive on May 18 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

8. AGE: Years 76 Months 10 Days 25 If less than one day _____ hr. _____ min.

Due to _____

Due to 430

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

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

10. Usual occupation House wife

PHYSICIAN

Major findings: Of operations

Of autopsy [Signature]

MOTHER FATHER

11. Industry or business _____

12. Name James Fickas

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

14. Maiden name Nancy Baker

15. Birthplace _____ (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 _____

23. Signature [Signature] (M. D. or other) MD

Address Knob Hosta Mo. (If signed by other than physician, name and address of person signing)

16. (a) Informant Calvin Hunter

(b) Address Creighton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May - 20 - 43 (Month) (Day) (Year)

(c) Place: burial or cremation City Camp Hill Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Knob Hosta Mo.

19. (a) May 19 1943 (Date received local registrar) (b) Leola M. Williams (Registrar's signature)

