S. No. 2
M—5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18744

Registration District No. 290 | Primary Registration District No. 5983 | Registrar's No. ~~44~~ 75

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

1. PLACE OF DEATH:
(a) County Pulaski
(b) City or town Hooker Missouri. Cal Vo... Twp.
(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 ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DEACESED:
(a) State Missouri (b) County Pulaski 85
(c) City or town Rural....Hooker Mo., 5
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Kisiah Jane Hunefelt
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Female /
5. Color or race Wh.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Menthelias Hunefelt
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April 27, 1856 (Month) (Day) (Year)

8. AGE: Years 87 | Months 0 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace Phelps County, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Home
11. Industry or business .....
FATHER
12. Name James ~~Hel~~ Helm
13. Birthplace Kentucky / (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elvira Breese,
15. Birthplace St. Louis County Mo., 0 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Nellie Burgard,
(b) Address Hooker Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Rolla Cemetery, Rolla Mo.,
18. (a) Signature of funeral director Null & Son Funeral Home,
(b) Address 508 West 8th St., Rolla Mo.,
19. (a) ~~5-20-43~~ 6-5-43 (Date received local registrar) (b) Chas M Ford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1943 hour 4 minute 15 A. M.
21. I hereby certify that I attended the deceased from Jan. 15 — 1943, to May 19 — 1943, that I last saw him alive on May 16 — 1943, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: apoplexy.	1 wk.
Due to: Hypertension.	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 830	
Major findings: Of operations:	
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0
23. Signature A. J. Crider (M. D. ~~or other~~)
Address Dixon, Mo. Date signed 3-20-43

1170

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Pulaski County Health Officer
File Number 6-4373
Date Filed 6-9-43

JUL 26 1943

MAR 27 1944

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 S. E. Powell

Licensed Embalmer No. 3297

P. O. Address Rolla, 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.