S. No. 2
M—5-42
5-17-39
I X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18808

FILED JUN 10 1943

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 124

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

1. PLACE OF DEATH:

(a) County RANDOLPH

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

(c) Name of hospital or institution: 537 JOHNSON
(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 29 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County RANDOLPH

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

(d) Street No. 537 JOHNSON
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME OLLIE A. HUNT

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JOHN HUNT

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

7. Birth date of deceased March (Month) 16th (Day) 1885 (Year)

8. AGE: Years 58 Months 2 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) MO (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name DAVID BOWMAN
13. Birthplace ..... (City, town, or county) TENN (State or foreign country)

MOTHER
14. Maiden name OLLIE COX
15. Birthplace ..... (City, town, or county) TENN (State or foreign country)

16. (a) Informant JOHN HUNT
(b) Address MOBERLY MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 29th 43 (Month) (Day) (Year)
(c) Place: burial or cremation MOBERLY, MO

18. (a) Signature of funeral director Malugu and Son
(b) Address Moberly Mo

19. (a) 5-29-43 (Date received local registrar) (b) Irma Hove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 28th year 1943 hour 2 minute 40 A. M.

21. I hereby certify that I attended the deceased from April 15 1943, to May 28 1943, that I last saw her alive on May 27 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr Myocarditis	
Due to	
93d	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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

23. Signature H. L. Griffith (M. D. or other)
Address Moberly Mo Date signed 5/28/43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-43-1022
Date Filed JUN 8 1943

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 Frank D DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.