

**FILED AUG 7 1943**

Registration District No. **2**

Primary Registration District No. **5241**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Cedar**  
 (b) City or town **rural**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**6 miles S.W. of Fairplay**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **none**  
(Specify whether)  
 In this community **77 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cedar**  
 (c) City or town **rural**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **6 miles S.W. of Fairplay**  
(If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country **None**

3. (a) PRINT FULL NAME **Mary Jane Hunt**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **NO**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **widowed**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **September 29 1859**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>83</b>	<b>6</b>	<b>29</b>	_____ hr. _____ min.

9. Birthplace **Monroe County Tennessee**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **Home**

MOTHER FATHER  
 12. Name **Franklin Jackson Hunt**  
 13. Birthplace **Tennessee**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Margaret Elizabeth Morgan**  
 15. Birthplace **Tennessee**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Rinis E. Hunt**

(b) Address **Fairplay, Mo. RFD # 2**

17. (a) **Burial** (b) Date thereof **4-29-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethel Cemetery**

18. (a) Signature of funeral director **Greenfield**

(b) Address **North General Home**

19. (a) **June 22 1943** (b) **Fair Play, Mo.**  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **27**  
 year **1943** hour **4** minute **P.** M.

21. I hereby certify that I attended the deceased from **2. 1943**  
~~not treated~~ to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw her alive on **Apr 23**, 19**43**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of Throat and neck.**

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) **458**

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) **403**  
 (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 **H. L. Burch** (M. D. or other) \_\_\_\_\_  
 Address **Fair Play, Mo.** Date signed **4-29**

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

**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 *Sam E. Sencer*

Licensed Embalmer No. *4099*

P. O. Address *Greenfield, Mass.*

**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.

Registration District No. 63 Primary Registration District No. 5241 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Cedar  
(b) City or town Rural - Madison 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)

2. USUAL RESIDENCE OF DECEASED:  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Jane Hunt  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I observed him \_\_\_\_\_ since on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above. Immediate cause of death \_\_\_\_\_

4. Sex F 5. Color W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

7. Birth date of deceased: Sept 29 (Month) (Day) (Year)  
8. AGE: Years 83 Months 6 Days \_\_\_\_\_ If less than one day, \_\_\_\_\_ min.

PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace (City, town, or county) \_\_\_\_\_ (State or foreign country) Iowa

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) [Signature] (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? \_\_\_\_\_  
(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTARY

S-24672