

D SEP 3 1943

State File No. \_\_\_\_\_

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 172

1. PLACE OF DEATH

(a) County Jefferson City, Mo.  
(b) City or town Jefferson City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1012 E. Elm  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 16 hrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bole  
(c) City or town Jefferson City, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1012 E. Elm  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME BABY HUNTER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race Negro  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 8-19-1943 (Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 16 hr. min.

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

10. Usual occupation Child

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

12. Name Ernest Hunter  
13. Birthplace Madison, Mo. (City, town, or county) (State or foreign country)  
14. Maiden name Orthella Harmon  
15. Birthplace Waco, Texas (City, town, or county) (State or foreign country)

16. (a) Informant Ernest Hunter  
(b) Address 1012 E. Elm

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-21-43 (Month) (Day) (Year)

(c) Place: burial or cremation Louisville Cemetery

18. (a) Signature of funeral director Lambert Funeral Home  
(b) Address 700 Jefferson St.

19. (a) 8-21-43 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19 year 1943 hour 3:00 AM minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from Aug. 19th 1943, to Aug 19th 1943  
that I last saw her alive on Aug 19th 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Premature (7) months birth + anemia.  
Due to distress heavy articles by mother probably  
Due to \_\_\_\_\_

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

Major findings: Of operations 159  
Of autopsy \_\_\_\_\_

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 R. Richardson (M. D. or other) \_\_\_\_\_  
Address Jefferson City, Mo. Date signed 8-20-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

birth early # 011

26  
5  
4

26  
5  
4

444

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.

*Body was not embalmed.* Signed *J. H. Anderson*

Licensed Embalmer No. *3641*

P. O. Address: *None*

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.