S. No. 2
1—5-42
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31227

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1043

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2205 Mitchell Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Not (Specify whether)
In this community: 62 years 2 months 28 days
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 2205 Mitchell Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Pearl Hunt

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: female

5. Color or race: white

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

6. (b) Name of husband or wife: Charles E. Hunt

6. (c) Age of husband or wife if alive: 59 years

7. Birth date of deceased: June (Month) 21 (Day) 1881 (Year)

8. AGE: Years 62 | Months 2 | Days 28 | If less than one day: hr. min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: William J. Burnette
13. Birthplace: Unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name: Mary Lewis
15. Birthplace: Unknown (City, town, or county) Iowa (State or foreign country)

16. (a) Informant: Chas. E. Hunt
(b) Address: 2205 Mitchell Ave. St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/22/1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery

18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1302 Faraon St. St. Joseph, Mo.

19. (a) 9/22/43 (Date received local registrar) (b) Rose Hergo (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 19th. year 1943 hour 2:20 minute P M.

21. I hereby certify that I attended the deceased from Sep 8, 1943 to Sep 19, 1943 that I last saw her alive on Sep 8, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Obesity - Pituitary - thyroid typ

Due to: Fatty degeneration heart

Due to:

Other conditions (Include pregnancy within 3 months of death): 93d

Major findings:
Of operations:
Of autopsy: Obesity

Duration

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: F. C. Bauman (M. D. or other)
Address: 620 Francis St. St. Joseph, Mo. Date signed: 9-21-43

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(Licensed Embalmer's Statement on Reverse Side)

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 Elbert R. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missour

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.