

No. 2
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17-39
X328

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35988

State File No.

FILED OCT 29 1943
Registration District No.

Primary Registration District No. 6108

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Stone

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

(c) Name of hospital or institution: Reeds Spring

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Stone

(c) City or town Reeds Spring Mo
(If outside city or town limits, write "RURAL.")

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME SUSIE HUNT

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
year 1943 hour 10:30 minute P M.

21. I hereby certify that I attended the deceased from July 9/1943
19 43 to July 9 19 43
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife W.B. Hunt

6. (c) Age of husband or wife alive 75 years

7. Birth date of deceased Aug 7 1871
(Month) (Day) (Year)

Immediate cause of death Acclusion of Coronary Arteries

Due to Don't know

Duration 6 mo

8. AGE: Years 70 Months 10 Days 5
If less than one day hr. min.

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

Other conditions (include pregnancy within 3 months of death) gfa

Major findings: Of operations.....

Of autopsy.....

10. Usual occupation Hom

11. Industry or business.....

12. Name W.W. Kumberling

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name America Cox

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant W.B. Hunt

(b) Address Reeds Spring Mo

17. (a) Kumberling Cemetery (Burial, cremation, or removal)

(b) Date thereof July 11/1943
(Month) (Day) (Year)

(c) Place: burial or cremation Kumberling Cem

18. (a) Signature of funeral director Welch Funeral Home

(b) Address Branson Mo

19. (a) 6-25-1943 (Date received local registrar)

(b) Grace White (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?.....

While at work? (Specify type of place)

(e) Means of injury.....

23. Signature H.S. Shumate (M. D. or other) md.

Address Reeds Spring Mo Date signed 7/9/43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.