

FILED DEC 9 1943

Registration District No. _____

Primary Registration District No. 3059

Registrar's No. 126

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

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution: Bonne Terre Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
(Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME LINDA LOU HUNN

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Feb. 21 1937
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>5</u>	<u>8</u>	<u>8</u>	_____ hr. _____ min.

9. Birthplace Poplar Bluff Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name William Hunn

13. Birthplace Poplar Bluff Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Gail Hamilton

15. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William Hunn

(b) Address Flat River Mo

17. (a) Crem (Burial, cremation, or removal)

(b) Date thereof 10-31-43
(Month) (Day) (Year)

(c) Place: burial or cremation St. Ann's Conv.

18. (a) Signature of funeral director Geop. Henschel

(b) Address Creighton Mo

19. (a) Nov. 2 1943 (Date received local registrar)

(b) Byndie Burkmaster (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Flat River
(If outside city or town limits, write "RURAL") 2

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29
year 1943 hour 10 minute 05 A. M.

21. I hereby certify that I attended the deceased By Inquest
Duties Nov. 3, 1943

that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Accidental Death
Due to accident Duration
July Verdict & Decree came to
their death by being struck by
Dump truck driven by Velva
Hennon an unavailability
Due to accident

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

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Oct. 28, 1943 074

(c) Where did injury occur? Flat River St. Francois Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway 32 Flat River
While at work? no (Specify type of place) (e) Means of injury Automobile

23. Signature Clarence Claywell (M-F, or other)

Address Bonne Terre Mo Date signed 11-2-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4

District File Number 1243-3000

Date Filed 12-8-43

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 George P. Genckel

Licensed Embalmer No. 3475

P. O. Address Princeton 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.