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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42398
Registrar's No. 139

Registration District No. 3

Primary Registration District No. 4206

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

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution:
New Hampton 1
(If not in hospital or institution, write street number or location)

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

In this community 3 years
years, months or days

2. USUAL RESIDENCE OF DECEASED: 41

(a) State Missouri (b) County Harrison

(c) City or town New Hampton City
(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 WILLIAM CHARLES HUNTER

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

4. Sex M 5. Color or race W

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

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

7. Birth date of deceased Aug 17 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 5 28 hr. _____ min.

9. Birthplace Harrison County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farm

11. Industry or business _____

12. Name Columbia V. Hunter

13. Birthplace Harrison County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Analiza Spellman

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

16. (a) Informant Mrs W J Grace

(b) Address Martinsville Mo

17. (a) Burial (b) Date thereof Dec 16 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Loan Star

18. (a) Signature of funeral director W M Noble

(b) Address New Hampton Mo

19. (a) 12/31/43 (b) Zola M. Burris
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15
year 1943 hour 4 minute 15 AM.

21. I hereby certify that I attended the deceased from Dec - 8, 1943, to Dec 15, 1943
that I last saw him alive on Dec 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Pneumonia

Due to Fall on ice

Due to _____

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: 341

(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)
Means of injury _____

23. Signature Dr. R. L. Green (M. D. or other) DO

Address New Hampton Date signed 12-15-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed W G Noble

Licensed Embalmer No. 2908

P. O. Address New Hampton

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Jan.
Registrar's No. _____

Registration District No. _____ Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town New Hampton
(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
In this community 3 yr. years, months or days)

3. (a) PRINT FULL NAME Wm. Chas. Hunter

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased Aug. 17, 1913
(Month) (Day) (Year)

8. AGE: Years 65 Months 5 Days _____ If less than one day _____ min.

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

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 _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death Bronchial pneumonia Duration _____

Due to Fall on ice

Due to _____

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 Dec 8, 1943

(c) Where did injury occur? New Hampton Harrison, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? about home

While at work? Yes (Specify type of place) (e) Means of injury due to fall

23. Signature Dr. R. E. Green (M. D. or other) D.O.

Address New Hampton Date signed 1-15-44

SUPPLEMENTARY

MOTHER FATHER

S-42398