

FILED DEC 17 1943  
Registration District No. **274**

Primary Registration District No. **3A 2**

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

1. PLACE OF DEATH:

(a) County **PETTIS**

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

(c) Name of hospital or institution: **638 E. 12TH ST. 1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community **20 YEARS**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **GEORGE OSCAR HUNT.**

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

4. Sex **MALE** 5. Color or Grace **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **VICTORIA** 6. (c) Age of husband or wife if alive **77** years

7. Birth date of deceased **9 - 28 - 1872**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>71</b>	<b>1</b>	<b>24</b>	hr. _____ min. _____

9. Birthplace **CANADA 2**  
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED Mo. PAC. R.R.**

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

MOTHER FATHER

12. Name **UNKNOWN**

13. Birthplace **ENGLAND 4**  
(City, town, or county) (State or foreign country)

14. Maiden name **MARY UNKNOWN**

15. Birthplace **ENGLAND 4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **VICTORIA HUNT**  
(b) Address **SEDALIA Mo**

17. (a) **BURIAL** (b) Date thereof **11-24-1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CROWN HILL CEMETERY**

18. (a) Signature of funeral director **Gillespie**  
(b) Address **SEDALIA, Mo**

19. (a) **11/24/43** (b) **George S. Sengler**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **PETTIS** **80**

(c) City or town **SEDALIA**  
(If outside city or town limits, write "RURAL") **5**

(d) Street No. **638 E. 12TH ST.**  
(If rural, give location) **1**

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **0**  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOVEMBER** day **22**  
year **1943** hour **12** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **11-12** to **11-22** 19**43**  
that I last saw him alive on **11-19** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Arteriosclerosis**  
Duration **73**

Due to **Atherosclerosis ?**

Other conditions **Phy. Ins.**  
(If more than one, specify) **9**

Major findings of operations **13/2** **PHYSICIAN**

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of plant) (e) Manner of injury \_\_\_\_\_

23. Signature **George S. Sengler** (M. D. or other) **M.D.**  
Address **Sedalia, Mo** Date signed **11-23-43**

RECEIVED

Lieut. Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 12-14-43

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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 \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed L. E. Beulah

Licensed Embalmer No. 9867

P. O. Address Sealatin

**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.**