

FILED FEB 2 1944  
Registration District No. **24**

Primary Registration District No. **304603 791**

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

1. PLACE OF DEATH:

(a) County **Moniteau**

(b) City or town **"Rural"** *1 mile East Mc Girk*  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**1/2 mile East Mc Girk, Mo.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **None Months** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Wesley Harrison Hunt**

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

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

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive **9** years

7. Birth date of deceased **March, 24th, 1878**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>66</b>	<b>9</b>	<b>19</b>	hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business **Farm**

MOTHER FATHER

12. Name **Clay Hunt**

13. Birthplace **Cooper County, Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Susan Goens**

15. Birthplace **Cooper County, Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Patrick Hunt**

(b) Address **Sedalia, Mo.**

17. (a) **Burial** (b) Date thereof **1/25/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Syracuse, Mo.**

18. (a) Signature of funeral director **James E. Richard**

(b) Address **Tipton, Mo.**

19. (a) **1-17-44** (b) **J. Gall**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau** **68**

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

(d) Street No. **1/2 mile East Mc Girk**  
(If rural, give location)

(e) Citizen of foreign country **No** (Yes or No)  
If yes, name country **Native**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **13th**  
year **1944** hour **12** minute **30** P. M.

21. I hereby certify that I attended the deceased from **Jan 12 1944** to **Jan 12 1944**  
that I last saw him alive on **Jan 12 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death **arteriosclerosis**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **97**

Major findings:  
Of operations

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury **2**

23. Signature **J. D. Davison** (M.D. or other) **D.O.**  
Address **California, Mo.** Date signed **1/14/44**

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, Orlo M.

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 8466

P. O. Address Tipton, 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.