

S. No. 2
OM-2-43
y. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4664

State File No. _____

FILED FEB 10 1944

Registration District No. 3 27

Primary Registration District No. 61529

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Stoddard

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

(c) Name of hospital or institution: Rural
Liberty, Mo.
(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 _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard 103

(c) City or town Dudley Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Dudley mo. R. F. D. 1
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Matilda Tamsy Hunt

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James M. Hunt 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Aug 26 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>3</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Frank Powell

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name Kettie Griffen
(City, town, or county) (State or foreign country)

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant James M. Hunt

(b) Address Dudley, Mo.

17. (a) burial (b) Date thereof 12-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dudley Cemetery
Blankenship-Strickland

18. (a) Signature of funeral director _____
(b) Address Dexter, Mo.

19. (a) 1-18-44 (b) Nora Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17
year 1943 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec. 12, 1944, to Dec. 17, 1944
that I last saw him alive on Dec 12, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to Asterio-sclerosis et Hypertension

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy no

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

(a) Accident, suicide, or homicide (specify) no

(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? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature S. S. Hovine (M. D. or other) _____
Address Dexter, Mo. Date signed 12-17-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

13
00
1137

RECEIVED

District Health Office No. 2,

District File Number 24-279

Date Filed 2-7-44

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, or by.....

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

Signed BJ Brentlinger

Licensed Embalmer No. 4201

P. O. Address Dexter, 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.