

FILED APR 5 1944

State File No. \_\_\_\_\_

Registration District No. 280

Primary Registration District No. 5960

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Platte  
 (b) City or town Green map  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)  
 In this community 1 1/2 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte  
 (c) City or town Dearborn Mo. Rural  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Jewell Thomas Huntsran

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 single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Sept 14 1942  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 5 20 hr. \_\_\_\_\_ min.

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

10. Usual occupation None

11. Industry or business None

MOTHER FATHER

12. Name Arthur Huntsran  
 13. Birthplace Clay Co. Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Opal Yates

15. Birthplace Platte Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Huntsran  
 (b) Address Dearborn Missouri

17. (a) Burial (b) Date thereof 3/5/1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dearborn Missouri

18. (a) Signature of funeral director Russell Davis  
 (b) Address Dearborn Missouri

19. (a) 3/4/1944 (b) Mrs. Clay Gilfee  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4  
 year 1944 hour 5:30 minute 0 A. M.

21. I hereby certify that I attended the deceased from March 4, 1944 to March 4, 1944  
 that I last saw him alive on March 4, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Athero Sclerosis

Due to Influenza

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: None  
 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 None

(c) Where did injury occur? None  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
None

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature M. A. Moore (M. D. or other) Coroner

Address Dearborn 7110 Date signed 3/4/44

Duration  
5  
days  
1944  
March  
4th

PHYSICIAN

Underline the cause to which death should be charged statistically.

1209

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

2  
 2-43  
 7-39  
 X35897

# RECEIVED

District Health Officer No. Platte  
District File Number 4-44-33  
Date Filed 4-3-44

## 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 Lucian Davis

Licensed Embalmer No. 4140

P. O. Address Deaton 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.**