V. S. No. 2
0M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 8 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17628

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 156

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

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital No 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5m 3d (Specify whether

In this community 5m 3d years, months or days)

2. USUAL RESIDENCE OF DECEASED: 14

(a) State Mo (b) County Callaway

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

(d) Street No. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME John Lee Hunt

3. (b) If veteran, name war DK

3. (c) Social Security No. DK

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillie Jane (Love) Hunt

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Mar (Month) 9 (Day) 1875 (Year)

8. AGE: Years 69 Months 1 Days 25 If less than one day hr. min.

9. Birthplace Bachelor (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William Hunt
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Nancy English
15. Birthplace DK (City, town, or county) 9 (State or foreign country)

16. (a) Informant Record

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Hill-Crest Fulton

18. (a) Signature of funeral director Glen G. Maupin

(b) Address 712 Court St Fulton, Mo.

19. (a) May 6-1944 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature)

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MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 4 year 1944 hour 12 50 minute P M.

21. I hereby certify that I attended the deceased from 4/1, 1944, to 5/4, 1944 that I last saw him alive on 5/1, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

83a 1

Duration

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature George W. Runs (M. D. or other) MD

Address Fulton Mo Date signed 5/4/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 6-7-44

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 Glen Y Maupin
Licensed Embalmer No. 2725
P. O. Address Fulton, 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.