

18346

S. No. 2
DM-2-43
v. 5-17-39
I X35697DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 12 1944

Registration District No. 123Primary Registration District No. 3028Registrar's No. 123

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 1/2 days
(Specify whether
 In this community 7 years
years, months or days)

3. (a) PRINT FULL NAME William Martin Hunt3. (b) If veteran, name war No 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Lena Hunt 6. (c) Age of husband or wife if alive - - years7. Birth date of deceased August 1 1894
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
49 9 17 hr. min.9. Birthplace Liberty S. Carolina
(City, town, or county) (State or foreign country)10. Usual occupation Minister & Teacher11. Industry or business None

12. Name James Martin Hunt
 13. Birthplace Unknown S. Carolina
(City, town, or county) (State or foreign country)
 14. Maiden name Telmera Smith
 15. Birthplace Unknown S. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mera Lee Hunt
(b) Address 823 Olive, Carthage, Mo.17. (a) Removal (b) Date thereof May 20, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Liberty, S. Carolina18. (a) Signature of funeral director Knell Mortuary(b) Address Carthage, Missouri19. (a) May 19 '44 (b) E. Elizabeth Couplin
(Date recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Carthage
(If outside city or town limits, write "RURAL")
 (d) Street No. 823 Olive
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country - - -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1944 hour 3:00 minute 0 M.21. I hereby certify that I attended the deceased from March 10, 1944, to May 18, 1944, that I last saw him alive on May 18, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic MyocarditisDue to Causes of LungDue to Causes of Shoulder

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations H7A Of autopsy _____

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 _____

23. Signature [Signature] (M.D. optional)
Address Carthage, Mo. Date signed 5-19-44

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

44-5-447

APR 9 1945

APR 2 1945

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..... *Emmal Kneel*

Licensed Embalmer No. *391*

P. O. Address *Carthage*

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.