

No. 2
M-5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28032**

Registration District No. **155**

Primary Registration District No. **3127**

Registrar's No. **71**

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 1217 Nelson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community 30 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1217 Nelson
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lina E Hunt

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Aug day 13 year 1944 hour 10:50 minute P

21. I hereby certify that I attended the deceased from June 1942 to Aug 13 1944 that I last saw her alive on Aug 13 1944 and that death occurred on the date and hour stated above.

5. Color of race White

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

6. (b) Name of husband or wife Thomas Hunt

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Aug 27 1892
(Month) (Day) (Year)

Immediate cause of death uterine hemorrhage

Due to Carcinoma of uterus

Due to _____

8. AGE: Years Months Days If less than one day

51 11 17 hr. _____ min.

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business _____

12. Name Mr. D. Purcell

13. Birthplace Ill. (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth McQuinn

15. Birthplace Ill. (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Thomas Hunt

(b) Address Webb City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 18 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Purcell Cemetery

While at work? _____ (Specify type of place) Means of injury ?

23. Signature G. W. Cox (Date or other) 20

Address Webb City, Mo Date signed 8-15-44

18. (a) Signature of funeral director Webb City, Mo

(b) Address Webb City, Mo

19. (a) Aug 17 1944 (Date received local registrar) (b) Mrs. Lillie Lyle (Registrar's signature)

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

9
6
2

1180

(Licensed Embalmer's Statement on Reverse Side)

44-2682

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

Signed Chauncey M. Johnston
Licensed Embalmer No. 4304
P. O. Address Webb City, 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.