

FILED NOV 13 1944

Registration District No. 141

Primary Registration District No. 3075

Registrar's No. 91

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1
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: Howell Mo.

(b) City or town: West Plains Mo.

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location) _____

(d) Length of stay: In hospital or institution: No. (Specify whether _____)

In this community: 40 years (Specify whether _____)

3. (a) PRINT FULL NAME: Joseph G. Hunt

3. (b) If veteran name war: No.

3. (c) Social Security No.: No.

4. Sex: MO

5. Color or race: W

6. (a) Single, widowed, married, divorced: 3

6. (b) Name of husband or wife: _____

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

7. Birth date of deceased: Oct 28 1868 (Month) (Day) (Year)

8. AGE: Years 75 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace: Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation: Merchant

11. Industry or business: _____

12. Name: M. F. Hunt

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

14. Maiden name: Agnes Callahan

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

16. (a) Informant: Flayde Hill

(b) Address: West Plains Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date taken: Oct 27-44 (Month) (Day) (Year)

(c) Place: burial or cremation: West Plains Mo.

18. (a) Signature of funeral director: John P. Suman

(b) Address: West Plains Mo.

19. (a) 10/27-44 (Date received local registrar)

(b) Paul Hasler (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Howell 46

(c) City or town: Mountain View Mo. 0

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

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

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

If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25th year 1944 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct. 23rd, 19 44 to Oct 25th, 19 44

that I last saw him alive on Oct. 24th, 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death: Edoema of Lungs.

Due to: Cardiac Disease. Myocarditis, chron.

Due to: _____

Other conditions: 930 (Include pregnancy within 3 months of death)

Major findings: Of operations: None

Of autopsy: Not

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury: _____

23. Signature: at Bourbonburg (M. D. or other)

Address: West Plains, Mo. Date signed: 10/26/44

RECEIVED

District Health Officer No. 5

District File Number 1144552

Date Filed 11-8-44

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.....

Licensed Embalmer No. 2516

P. O. Address W. V. G. Co

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.