

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

FILED DEC 11 1944

Registration District No. 107

Primary Registration District No. 5422

Registrar's No. 143

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett Rural 1  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Indep. Hosp. 2

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

(d) Length of stay: In hospital or institution 1  
(Specify whether \_\_\_\_\_)

In this community Justy Three years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin

(c) City or town Kennett Rural 1  
(If outside city or town limits, write "RURAL")

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

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Henry Hunsfling

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Myrtle Hunsfling 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Dec 24 - 1880  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 30  
year 1944 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from October 26, 1944 to October 30, 1944, that I last saw him alive on October 30, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Dyslip

8. AGE: Years 64 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace East St. Louis Ill 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Due to Hypertensive, renovascular cardiac disease Several years

Due to arteriosclerosis Uncertain

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

MOTHER FATHER {

11. Industry or business \_\_\_\_\_

12. Name William Hunsfling

13. Birthplace Ill 1  
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Ill 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Woodrae Hunsfling  
(b) Address Kennett R-1

17. (a) Burial (b) Date thereof 11-1-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cem.

18. (a) Signature of funeral director Long, Lund Co.  
(b) Address Kennett, Mo

19. (a) 11-6-44 (b) Julia B. [unclear]  
(Date received local registrar) (Registrar's signature)

Major findings: 12/11

Of operations \_\_\_\_\_

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? \_\_\_\_\_

(Specify type of place)

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

23. Signature Alan H. Christman (M. D. or other) D. O.  
Address Kennett, Missouri Date signed 11/1/44

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

350

NOV 28 1945

RECEIVED

District Health Office No. 2,

District File Number 1244-158

Date Filed 12-7-44

**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 Walter A. Hawkins

Licensed Embalmer No. 2002

P. O. Address Kinnett 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.**