V. S. No. 2
00M—8-43
ev. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38517

FILED DEC 8 1944

Registration District No. 2-73 Primary Registration District No. 5917 Registrar's No. 84

1. PLACE OF DEATH:
(a) County Perry
(b) City or town Silver Lake Mo. Township
(If outside city or town limits, write "RURAL" and name of township)
(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 1 (Specify whether years, months or days)
In this community 85-4-8

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry 79
(c) City or town Silver Lake Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Frank Hunold
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Hunold
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased July (Month) 27 (Day) 1859 (Year)

8. AGE: Years	Months	Days	If less than one day
85	4	8	hr. min.

9. Birthplace Perry Co. (City, town, or county) Missouri U (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Dont Know
13. Birthplace (City, town, or county) 9 (State or foreign country)
14. Maiden name Dont Know
15. Birthplace (City, town, or county) 9 (State or foreign country)
16. (a) Informant Joseph Hunold
(b) Address Silver Lake, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Silver Lake Mo.
18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.
19. (a) 12-8-44 (Date received local registrar) (b) Thos J Alder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5
year 1944 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from Mar 1, 1944 to Dec 4, 1944
that I last saw h. alive on Nov 30, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Nov 25
Pneumonia
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 90 f

Duration

Major findings:
Of operations
Of autopsy

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
23. Signature O J Mullen (M. D. or other)
Address Perryville Date signed 12/4/44

1326 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1244-4628

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.