V. S. No. 2
200M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1944

Registration District No. 2 13

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

38518

State File No.

Primary Registration District No. 5914

Registrar's No. 80

1. PLACE OF DEATH:
(a) County Perry
(b) City or town Rural Brazeau Twp
(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 81-6-3

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

3. (a) PRINT FULL NAME George C. Huntt
3. (b) If veteran, name war
3. (c) Social Security No. NONE
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 19 (Day) 1863 (Year)

8. AGE: Years 81 Months 6 Days 3 If less than one day hr. min.

9. Birthplace Perry Co. (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER FATHER
12. Name Cornelius Hunt
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
14. Maiden name Francis Habig
15. Birthplace (City, town, or county) Ohio 1 (State or foreign country)
16. (a) Informant George H unt Jr.
(b) Address Altenberg Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Altenberg Mo.
18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.
19. (a) 11-14-44 (Date received local registrar) (b) Thos Elder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12
year 1944 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 12th 1939, to November 12 1944
that I last saw h. 1m alive on November 11th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration 2 wks
Due to c
Due to 108
Other conditions (Include pregnancy within 3 months of death) Chronic Myocarditis 5 years
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 Theodore Fischer M.D. (M. D. or other)
Address Altenberg Mo Date signed 11-14-44

132 L (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1244-4626

Date Filed 12-7-44

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**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.**