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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41292**
Registrar's No. **3**

Registration District No. **138**

Primary Registration District No. **5527**

1. PLACE OF DEATH:

(a) County **Hickory**
(b) City or town **Rural Tyler 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) **1**
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **73 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Roth Hickory**
(c) City or town **Rural** (If outside city or town limits, write "RURAL") **4-3**
(d) Street No. **Tyler Twp.** (If rural, give location)
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

ALVIN HUNT

(b) If veteran, name war _____

(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 **Beulah Hunt**

6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased: **Jan.** (Month) **1** (Day) **1865** (Year)

8. AGE: Years **79** Months **11** Days **30** If less than one day hr. min.

9. Birthplace **Allen Co. Ky. 1**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Own farm**

MOTHER FATHER

12. Name **William Hunt**

13. Birthplace **Unknown Ky. 1**
(City, town or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown Ky. 11**
(City, town, or county) (State or foreign country)

16. (a) Informant **Beulah Hunt**

(b) Address **Flemington Mo**

17. (a) **Burial** (b) Date thereof **Jan. 5-1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Blumert Chapel Am**

18. (a) Signature of funeral director **W. H. Smith**

(b) Address **St. Louis Mo**

19. (a) **Jan - 40** (b) **Mary Carlstrom**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **31**
year **1944** hour **5** minute **45 P.M.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Occlusion
Due to: **Dropped dead in lawn lot no Dr. called**

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations **94d**
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? _____

While at work? _____ (Specify type of place) (2) Means of injury _____

23. Signature **Mary Carlstrom** or other _____
Address **Flemington Mo** Date signed **Jan 1945**

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

300

RECEIVED

District Health Officer No.

District File Number 12-44-1481

Date Filed 1-5-45

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.....

by me....., Registered Apprentice No.....
working under my personal supervision.

Signed *E. H. Pinn*.....

Licensed Embalmer No. 4282

P. O. Address *Sumnerville, 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.