

FILED MAR 14 1945

Registration District No. **324**

Primary Registration District No. **3072**

Registrar's No. **18**

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzgibbons Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
In this community All his life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 372 West Summit
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Greenville Milton Hunter

3. (b) If veteran, name war..... 3. (c) Social Security No. 496-09-6239

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased November 26, 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 2 15 hr. min.

9. Birthplace Saline county Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business.....

12. Name James F. Hunter

13. Birthplace Saline county Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Susan C. Thomas

15. Birthplace Saline county Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. E. Katz
(b) Address 372 West Summit, Marshall, Mo.

17. (a) Burial (b) Date thereof Feb. 14, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park cemetery

18. (a) Signature of funeral director Campbell-Rubin
(b) Address Marshall, Mo.

19. (a) 2-28-45 (b) M. O. Webster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11
year 1945 hour 11 minute 05 P. M.

21. I hereby certify that I attended the deceased from 2-10 1945 to 2-11 1945
that I last saw him alive on 2-11 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Phenol Poisoning 36 hrs

Due to Ingestion Lipol

Due to.....
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence 2-10-45

(c) Where did injury occur? Home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

While at work? no (Specify type of place)
(e) Means of injury none

23. Signature Rowland (M. D. or other)
Address Marshall, Mo. Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7
1
2

1215

NO. 3

3/2/45-

MAR 20 1945

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 W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, Ma

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.