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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1945

Registration District No. 77

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3016

State File No. 9472

Registrar's No. 65

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

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 316 West Ashley Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 7 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cole
(c) City or town: Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No.: 316 West Ashley Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: ____

3. (a) PRINT FULL NAME: Robert Otway Hunter
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: Clyta B. Hunter
6. (c) Age of husband or wife if alive: 74 years
7. Birth date of deceased: Feb (Month) 22 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	1	6	hr. ____ min.

9. Birthplace: Gallatin, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Merchant
11. Industry or business: ____

MOTHER FATHER
12. Name: James M. Hunter
13. Birthplace: Lexington, Missouri (City, town, or county) (State or foreign country)
14. Maiden name: Henrietta White
15. Birthplace: Ky (City, town, or county) (State or foreign country)

16. (a) Informant: B. M. Hunter
(b) Address: Jefferson City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar-31-1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cemetery Chillicothe Missouri
18. (a) Signature of funeral director: Robt. C. Corlew
(b) Address: Jefferson City, Missouri
19. (a) 3-30-45 (Date received local registrar) (b) Florence Fickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 28th day: March year: 1945 hour: 8 minute: 50 P. M.
21. I hereby certify that I attended the deceased from March 1, 1945 to March 28, 1945 that I last saw him alive on March 28, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute dilatation of heart — Duration
Due to: Chronic myocardial degeneration
Due to: Chronic Hepatitis and Cholangitis
Other conditions (Include pregnancy within 3 months of death): Intestinal Hemorrhage
Major findings: Of operations: undetermined
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: John W. McHaney (M. D. or other) MD
Address: Jefferson City, Mo Date signed: 3/28/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 4-5-45

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Fred P Dulle

Licensed Embalmer No. 3890

P. O. Address Jeff City 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.