S. No. 2
M—8-13
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1945

Registration District No. 733

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9757

Primary Registration District No. 4206

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town New Hampton City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home in Newtampton
(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 Seven years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison

(c) City or town New Hampton City
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME NANCY JANE HUNT

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Eugene T Hunt Deceased

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

7. Birth date of deceased July (Month) 26 (Day) 1848 (Year)

8. AGE: Years 96 Months 6 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Decatur (City, town, or county) Ill (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

MOTHER FATHER

12. Name Harvey Darnell

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

14. Maiden name Elizabeth Steel

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

16. (a) Informant Mrs T J Bagley

(b) Address New Hampton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 8 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Brooklin Cemetery

18. (a) Signature of funeral director W G Noble

(b) Address New Hampton Mo

19. (a) Feb 28-1945 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6 year 1945 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 28, 1945 to Feb 6, 1945 that I last saw h alive on Feb 5, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchitis

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings:
Of operations .....

Of autopsy .....

Duration

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 G W Noble (M. D. or other)

Address New Hampton Date signed Feb 6, 45

105 (Licensed Embalmer's Statement on Reverse Side)

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 me,

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

working under my personal supervision.

Signed W G Noble

Licensed Embalmer No. 2904

P. O. Address Newhampton 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.