S. No. 2
M—9-4-41
v. 5-17-39
1 X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Dr. S. M. Sarno
FILED APR 19 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14084

Registration District No. 238 — Primary Registration District No. 5823 — Registrar's No. 73

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

1. PLACE OF DEATH:
(a) County New-Madrid
(b) City or town Rural, New Madrid Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: x
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution x (Specify whether
In this community bout 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New-Madrid
(c) City or town Rural 72
(If outside city or town limits, write "RURAL")
(d) Street No. x
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jewell Hunter

3. (b) If veteran, name war x — 3. (c) Social Security No. x

4. Sex M — 5. Color or race W — 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased 2 (Month) 10 (Day) 1864 (Year)

8. AGE: Years 80 — Months 9 — Days 23 — If less than one day hr. min.

9. Birthplace Atlanta (City, town, or county) Ga. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Hunter
13. Birthplace Atlanta (City, town, or county) Ga. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Murphy
15. Birthplace Atlanta (City, town, or county) Ga. (State or foreign country)

16. (a) Informant Wess Hunter
(b) Address Morehouse, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/45 (Month) (Day) (Year)
(c) Place: burial or cremation Matthews, Mo.

18. (a) Signature of funeral director
(b) Address

19. (a) 3-17-45 (Date received local registrar) (b) Helen Loud Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 3
year 1945 hour 7 minute 50. p. M.

21. I hereby certify that I attended the deceased from 5-1-44, 19, to 2-3, 1945
that I last saw him alive on 2-3, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Mouth	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 450

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 Jm Sarno MD (M. D. or other)
Address Morehouse Mo Date signed 2-15-45

1348

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 442-275
Date Filed APR 11 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 Not Embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed John Allenton

Licensed Embalmer No. 2941

P. O. Address Sikeston, 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.