S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 25 1945

Registration District No. 3746

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4461

State File No. 14477

Registrar's No. 373

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Bismarck
(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)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 34 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Bismarck 94
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location) 0
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John C. Hunter
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married /
6. (b) Name of husband or wife Dora Edith Hunter
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Feb. 9 1871
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	2	6	hr. min.

9. Birthplace Patterson Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation merchant
11. Industry or business
FATHER
12. Name John Hunter
13. Birthplace Mego Co. Tenn. /
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name McGhee
15. Birthplace Murry Co. Georgia /
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Dora Hunter
(b) Address Bismarck Missouri
17. (a) burial (b) Date thereof 4-18-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bismarck Mo.
18. (a) Signature of funeral director White & Hill
(b) Address Bismarck Missouri
19. (a) 4-17-45 (b) Forrest Robinson
(Date received local registrar) (Registrar's signature)

1873

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1945 hour 2 minute 00 P.M.
21. I hereby certify that I attended the deceased from Mch 20, 1945 to Apr 15, 1945
that I last saw him alive on Apr 14, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	5 days
Due to: Hypertension	2 yrs
Due to: Over work	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 94w

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 F. W. Gale (M. D. or other)
Address Bismarck Mo Date signed Apr 16-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 445-534

Date Filed 4-24-45

NOV 6 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 C. J. Hill

Licensed Embalmer No. 1852

P. O. Address Bismarck N.D.

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.