V. S. No. 2
OM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1945

Registration District No. 373

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6266

14857

State File No.

Registrar's No. 20

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

12
0
0

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Rural - High Prarie Township
(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 life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Rural -
(If outside city or town limits, write "RURAL")

(d) Street No. High Prarie township
(If rural, give location)

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

If yes, name country X

3. (a) PRINT FULL NAME William Henry Hunt

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sarah M.

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

7. Birth date of deceased May (Month) - 30 (Day) - 1852 (Year)

8. AGE: Years 92 | Months 8 | Days 5 | If less than one day X hr. X min.

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

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name William Hunt
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Richerson
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Hershel Hunt (son)

(b) Address Marshfield, Mo.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 2-8-45 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ St Luke

18. (a) Signature of funeral director Lex Rainey

(b) Address Marshfield, Missouri.

19. (a) Mar 28-45 (Date received local registrar) (b) Charlotte Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5
year 1945 hour 10 minute p.M.

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

Immediate cause of death Parkinson Disease

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 W F Schlicht (M. D. or other)

Address Niangua Mo Date signed 3-27-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 445-451
Date Filed APR 17 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 Lex Tainey

Licensed Embalmer No. 3312

P. O. Address Marshfield, 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.