

S. No. 2  
DM-2-43  
7-5-17-39  
P-I X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38376

State File No. \_\_\_\_\_

**FILED DEC 4 1945**

Registration District No. 315

Primary Registration District No. 6067

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
 (a) County St. Clair  
 (b) City or town El Dorado Springs (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Splendour  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution All of Life  
(Specify whether in this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County St. Clair  
 (c) City or town Roscoe  
(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 William H. Hunter  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. No

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 18  
 year 1945 hour 6 minute P M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Deceased  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased September 9 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 15 1945 to July 16 1945  
 that I last saw him alive on July 16 1945  
 and that death occurred on the day and hour stated above  
 Immediate cause of death Myocardial Stearosis  
Acute Duration \_\_\_\_\_

8. AGE: Years 77 Months 10 Days 9  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Farming  
 11. Industry or business \_\_\_\_\_

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy no  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER  
 12. Name John Hunter  
 13. Birthplace Not known  
(City, town, or county) (State or foreign country)  
 14. Maiden name not known  
 15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Garver  
 (b) Address El Dorado Springs Missouri

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) None  
 (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?

17. (a) Burial (b) Date thereof 7-22-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Pleasant Springs Cemetery  
Osceola Funeral Home  
 18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address Osceola Missouri

While at work? \_\_\_\_\_  
(Specify type of place)  
 (a) Means of injury \_\_\_\_\_

19. (a) 7/20/45 (b) J.B. Richardson  
(Date received local registrar) (Registrar's signature)

23. Signature J.W. Richardson (M. D. or other) \_\_\_\_\_  
 Address Piffers Date signed 7/20/45

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

1100

(Licensed Embalmer's Statement on Reverse Side)

JAN 25 1946

RECEIVED

11-7,  
11-45-1127  
12-3-45

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 *J. B. [Signature]*  
Licensed Embalmer No. 3038  
P. O. Address *Osceola, 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.