S. No. 2
M—8-43
. 5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40352

Registration District No. \ Primary Registration District No. 3000 Registrar's No. 51

1 3 3

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
916 E. Cottonwood /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair 1
(c) City or town Kirksville 2
(If outside city or town limits, write "RURAL")
(d) Street No. 916 E. Cottonwood 3
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Samuel J. Hunt
3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Sarah M. Williams Hunt
6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased May (Month) 30 (Day) 1864 (Year)

8. AGE: Years 81 Months 5 Days 7 If less than one day hr. min.

9. Birthplace Palmyra (City, town, or county) Illinois / (State or foreign country)
10. Usual occupation Farming
11. Industry or business Farming

FATHER
12. Name James H. Hunt
13. Birthplace Unknown (City, town, or county) Illinois / (State or foreign country)

MOTHER
14. Maiden name Mary Ann Lair
15. Birthplace Unknown (City, town, or county) Illinois / (State or foreign country)

16. (a) Informant Mrs. Rollie Toney
(b) Address Kirksville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/45 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park Cmt.
18. (a) Signature of funeral director Lee Reley
(b) Address Kirksville, Missouri
19. (a) 11-12-45 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7 year 1945 hour 12:45 minute A. M.
21. I hereby certify that I attended the deceased from 1945, 19__, to nov. 7, 1945 that I last saw h. alive on nov. 1, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis chronic	1/2 yrs
Due to: arteriosclerosis	5 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy

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 R. D. Stieblen (M. D. or other) MD
Address Kirksville mo Date signed 11-12-45

1614 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-45-1866
Date Filed DEC 20 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 D. E. Riley

Licensed Embalmer No. 4181

P. O. Address Hookville Ill

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.