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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3680

FILED JAN 31 1946

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 66

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

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Bowling Green
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82

(c) City or town Bowling Green
(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 John Mead Hunter

3. (b) If veteran, name war Worldwar I

3. (c) Social Security No. .....

4. Sex Male C

5. Color or race White

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

6. (b) Name of husband or wife Winifred Hunter

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased May (Month) 25 (Day) 1890 (Year)

8. AGE: Years 55 Months 6 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Pike Co (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Rural Mail Carrier

11. Industry or business .....

FATHER
12. Name John M. Hunter
13. Birthplace Pike Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Martha Ann Emerson
15. Birthplace Pike Co (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Mead Hunter
(b) Address Bowling Green Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 26 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Bowling Green Mo

18. (a) Signature of funeral director Grace Bankhead
(b) Address Bowling Green Mo

19. (a) 12-31-45 (Date received local registrar) (b) Bill Robinson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: ~~Month~~ ~~Day~~ ~~24th~~ ~~Mo~~ ~~Acc~~ 24th Dec. year 1945 hour 11 minute 4 a M.

21. I hereby certify that I attended the deceased from Aug. 18, 1945, to 12/24, 1945 that I last saw him alive on Dec. 24, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of right lung

Due to .....

Due to .....

Other conditions 47d
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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 Eugene Dorrymore (M. D. or other)

Address Bowling Green, Mo Date signed 12/26/45

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(Licensed Embalmer's Statement on Reverse Side)

JAN 31 1946

JAN 22 1946

RECEIVED
District Health Officer No. 10
District File Number 1-46-1
Date Filed JAN 16 1946

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 Grace M. Banfa Lead

Licensed Embalmer No. 2204

P. O. Address Bowling Green, 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.