

No. 2  
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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4765

FILED MAR 8 1946

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

Registration District No. 49

Primary Registration District No. 5152

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Caldwell  
 (b) City or town Rural  
 (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 all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell  
 (c) City or town Rural (Polo)  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Hunt  
 3. (b) If veteran name wa X  
 3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31  
 year 1946 hour 7:15 minute P M.  
 21. I hereby certify that I attended the deceased from June 10 1946 to Jan 31 1946  
 that I last saw him alive on Jan 26 1946  
 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race wh  
 6. (a) Single, widowed, married, divorced, widowed  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: June 5 1959  
 (Month) (Day) (Year)

Immediate cause of death: Myocardial Exhaustion  
 Due to Hypertension  
 Duration 3 weeks  
long standing  
 Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)  
 Major findings: \_\_\_\_\_  
 Of operations: 93rd  
 Of autopsy: \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
86 7 24 hr. min.  
 9. Birthplace: West Virginia  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation: Farmer

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name Nicholas Hunt  
 13. Birthplace W. Va.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Nancy  
 15. Birthplace W. Va.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Robt. Sharp  
 (b) Address Polo Mo  
 17. (a) Burial (b) Date thereof: 2-2-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Cowgill Cemetery  
 18. (a) Signature of funeral director Abraham Cowley  
 (b) Address Polo Mo  
 19. (a) Feb 4-46 (b) Gladys Jones  
 (Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature Ch Wilby (M. D. or other) 0  
 Address Polo Mo Date signed 2-2-46

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

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**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.....

Licensed Embalmer No. ....

P. O. Address.....

**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.**