

FILED APR 10 1946 STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Warrensburg  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Warrensburg Clinic  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
In this community three months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97  
(c) City or town Sweet Springs 3  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. 1  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JOHN L. HUNT

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Sarah Hunt 6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased August 12 1917  
(Month) (Day) (Year)

8. AGE: Years 27 Months 6 Days 23 If less than one day ✓ hr. ✓ min.

9. Birthplace Cooper County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Retired

MOTHER, FATHER { 12. Name Louis Hunt  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name not known  
15. Birthplace not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Guy E. Hunt

(b) Address Sedalia, Mo. 1118 8024

17. (a) Burial (b) Date thereof 3-6-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sweet Springs, Mo

18. (a) Signature of funeral director Jessie B. Bovey

(b) Address Sweet Springs, Mo

19. (a) Mar. 4, 1946 (b) Salina, Mo  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4  
year 1946 hour 8:12 minute 108

21. I hereby certify that I attended the deceased from Feb. 24 1946 to March 4 1946  
that I last saw him alive on March 4 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction

Duration

5 years

Due to remedy

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations A

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?

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

Signature W. W. ... or other \_\_\_\_\_

Address Warrensburg, Mo Date signed 3-4-46

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

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Jersey Hawley

Licensed Embalmer No. 2214

P. O. Address Sweet Springs, 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.**