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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12109

Registration District No. 10 — Primary Registration District No. 5035 — Registrar's No. 49

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Clark Saling Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 6 Months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Polk

(c) City or town Des Moines (If outside city or town limits, write "RURAL")

(d) Street No. 522 E. Locust St. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOHN HUNT

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lillie Hunt

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

7. Birth date of deceased 6 - 8 - 1882 (Month) (Day) (Year)

8. AGE: Years 63 | Months 8 | Days 27 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Roy Hunt

(b) Address Route 3, Clark, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-46 (Month) (Day) (Year)

(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Parker Funeral Service

(b) Address Columbia, Mo.

19. (a) 3-7-46 (Date received local registrar) (b) Blanche Keely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 5 year 1946 hour 1 minute 35 P.M.

21. I hereby certify that I attended the deceased from Aug. 29/46 to Mch. 5/46 19..; that I last saw him alive on Feb. 24/46 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis with edema — Duration months

Due to

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. E. Huber (M. D. or other)

Address Moberly Mo. Date signed 3/7/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-46-772
Date Filed APR 19 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 Thos L Zaring

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.