

FILED MAY 8 1946
Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 424

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
724 So. 21st St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 3 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph, Mo. 1
(If outside city or town limits, write "RURAL")
(d) Street No. 724 So. 21st St. 7
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country no

3. (a) PRINT FULL NAME Della Hunter

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Hunter (Married)
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased July 10 1880
(Month) (Day) (Year)

8. AGE: Years 65 Months 65 Days 9 1
If less than one day hr. min.

9. Birthplace Marshall Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

MOTHER FATHER
12. Name unknown 9
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Carrie Setteman
(b) Address 724 So. 21st St.

17. (a) City Cem (b) Date thereof Apr. 13 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Beatrice Gray
(b) Address 812 Pacific St.

19. (a) April 16, 1946 (b) J. H. Stettin
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 11 day 11 1946
year 1946 hour 3 minute 30 p.m.

21. I hereby certify that I attended the deceased from April 8 1946
to April 11 1946
that I last saw her alive on April 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Duration 2 hrs.

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations (G30)
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 Fenton H. Lovelace (M. D.)
Address 1091 N. W. MO Date signed 4/12/46

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

11102

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..... *E. A. Clark*
Licensed Embalmer No. *4238*
P. O. Address. *St. Joseph 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.