

FILED JUN 13 1946
318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

4956

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community 2 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. 703 W. Pierce
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Earl Hunsaker

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

4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married/
6. (b) Name of husband or wife Margaret Hunsaker
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased November 14, 1907
(Month) (Day) (Year)

8. AGE: Years 38 Months 6
If less than one day hr. min.

9. Birthplace Adair County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business

12. Name Charles E. Hunsaker

13. Birthplace Adair County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Alta Munn
15. Birthplace Adair County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd W. Hunsaker
(b) Address RFD # 4 Quincy, Ill.

17. (a) Burial (b) Date thereof 5/30/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Park Cem.

18. (a) Signature of funeral director
(b) Address Kirksville, Mo.

19. (a) JUN 3 1946
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1946 hour 12 minute 16 P. M.

21. I hereby certify that I attended the deceased from
19... to 19...

that I last saw him alive on 19...
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Brain tumor
non-malignant

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

Signature
Address
Date signed

NR 3
3

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

FEB 23 1949

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..... *John Ketter*

Licensed Embalmer No. *3880*

P. O. Address..... *St. Louis 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.