

19446
Do not use this space.

FILED JUL 9 1946 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. **19446**
Registered No. **18**
St. **0** Ward)

1. PLACE OF DEATH
County **Benton** Registration District No. **30**
Township **White Sulphur** Primary Registration District No. **5103**
City **WARSAW - RURAL** St. **0** Ward)

2. FULL NAME **Ellen Hunsaker**
(a) Residence, No. **Star Route** St. **0** Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **wid. 1**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 31, 1861**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 9 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House wife**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Wetumpka, Illinois**
(STATE OR COUNTRY)

13. NAME **R. B. Bowers**

14. BIRTHPLACE (CITY OR TOWN) **Rowan County, Illinois**
(STATE OR COUNTRY)

15. MAIDEN NAME **Catherine Rendelman**

16. BIRTHPLACE (CITY OR TOWN) **Jonesboro, Illinois**
(STATE OR COUNTRY)

17. INFORMANT **Moses Hunsaker**
(ADDRESS) **Star Route, Warsaw, Mo.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Redalia Mo.** DATE **6/19** 19**46**

19. UNDERTAKER **Maude Ewing**
(ADDRESS) **Redalia Mo.**

20. FILED **6/19** 19**46** **Jas A. Logan**
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6-17-1946**

22. I HEREBY CERTIFY, That I attended deceased from **June 1** 19**46**, to **June 17**, 19**46**
I first saw h. or alive on **June 8 17**, 19**46** Death is said to have occurred on the date stated above, at **9 P.** m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis and senile Nephritis Interstitial Date of onset **1944**

Other contributory causes of importance:

Name of operation **1318** Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) **D. H. Hart** M. D.
(Address) **Warsaw, Mo.**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

U.S. DEPARTMENT OF JUSTICE

WASHINGTON, D.C.

Case No. 7,

6-46-68b

7-8-46-