

1. PLACE OF DEATH:

(a) County Wayne  
 (b) City or town Patterson  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Wayne  
 (c) City or town Patterson (Rural)  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Cora E. Hunter  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
 4. Sex F 5. Color or race W 6. (a) Single; widowed, married, divorced M  
 6. (b) Name of husband or wife John S. Hunter 6. (c) Age of husband or wife if alive 70 years  
 7. Birth date of deceased March 1 1898  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19  
 year 1946 hour 3: AM minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from April 1  
 \_\_\_\_\_ 1946 to April 15 1946  
 that I last saw him alive on April 15 1946  
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
67 1 18 hr. \_\_\_\_\_ min.

Immediate cause of death Heart failure Duration \_\_\_\_\_  
 Due to Chronic En Lo Carditis & senility. Nephritis Acute  
 Due to \_\_\_\_\_

9. Birthplace Wayne Co. Mo.  
(City, town, or county) (State or foreign country)  
 10. Usual occupation House wife

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy 130

MOTHER FATHER {  
 11. Industry or business \_\_\_\_\_  
 12. Name Simpson C. Sutton  
 13. Birthplace Smith Co. Tenn.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Costner  
 15. Birthplace Perry Co. Mo.  
(City, town, or county) (State or foreign country)

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 11

16. (a) Informant Mr. John S. Hunter  
 (b) Address Patterson Mo.

23. Signature J. Brindwell (M. D. or other) \_\_\_\_\_  
 Address Patterson Mo. Date signed 4-23-46

17. (a) Boxial (b) Date thereof 4/21/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Patterson Cemetery  
 18. (a) Signature of funeral director William G. Gault  
 (b) Address Piedmont Mo.  
 19. (a) June 24 1946 (b) June B. Piko.  
(Date received local registrar) (Registrar's signature)

Physician \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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.....

*Coder Funeral Home*....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *William Coder*.....

Licensed Embalmer No. *3723*.....

P. O. Address..... *Piedmont 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.**