

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 104

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

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether
In this community 3 years
years, months or days)

3. (a) PRINT FULL NAME Virgil O. Hunt

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

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Cora Hunt 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased March 19, 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation retired farmer

11. Industry or business _____

12. Name Lyman Hunt

13. Birthplace N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Harriets Burris

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. V.O. Moore

(b) Address Maryville, Missouri

17. (a) burial (b) Date thereof 6-21-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn Cemetery

18. (a) Signature of funeral director Pisc Funeral Home

(b) Address Maryville Mo

19. (a) June 21 (b) Beas Holt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 311 West 1st Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1946 hour 6 minute 20 A.M.

21. I hereby certify that I attended the deceased from June 12, 1946 to June 19, 1946; that I last saw him alive on June 18, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Thrombosis

Due to General Arteriosclerosis with brain

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 _____

23. Signature J. A. Placemer (M. D. or other) _____
Address Maryville Mo Date signed 6/29/46

Duration

1/2 hour

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Edwin M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville, 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.