No. 2
-8-43
-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30838

Registration District No. 171 Primary Registration District No. 4267 Registrar's No. 3

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Odessa
(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
In this community 5 Mos.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 10 Mi South of Windsor 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) /

If yes, name country

3. (a) PRINT FULL NAME Mary Jane Hunt

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fe /

5. Color or race W

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife John A. Hunt

6. (c) Age of husband or wife if alive 90 years

7. Birth date of deceased Mar. (Month) 27, (Day) 1858 (Year)

8. AGE:

Years	Months	Days	If less than one day
88	2	16	hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Isaac Larky /
13. Birthplace (City, town, or county) Va. (State or foreign country) /

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Fred Hunt

(b) Address Odessa, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 14, 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln, Mo.

18. (a) Signature of funeral director Husman-Sparks

(b) Address Odessa Mo.

19. (a) Sept. 21 46 (Date received local registrar) Lottie Drummond (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1946 hour minute M.

21. I hereby certify that I attended the deceased from Jan 1 1946, 19 , to , 19 ;
that I last saw her alive on June 13, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma / Bladder

Due to

Due to 52B

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Resection of tumor by cutting loop - Biopsy confirmed
Of autopsy diagnosis / Carcinoma

Duration

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) no

(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 W E Martin MD (M. D. or other)

Address Odessa Mo Date signed 9/14/46

103

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

9-24-46

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 W. T. Sparks, Registered Apprentice No. 385, working under my personal supervision.

Signed Irving L. Huswan

Licensed Embalmer No. 7541

P. O. Address Odessa, Md.

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.