DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37903

Registration District No. 274 | Primary Registration District No. 3052 | Registrar's No. 424

1. PLACE OF DEATH:
(a) County: Pettis
(b) City or town: Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo Pac Railroad right away 3
(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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: 0
(c) City or town: St Louis Mo 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 2408 Belgrade
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: NICHOLAS HUNT
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex: M
5. Color or race: N
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mora Hunt
6. (c) Age of husband or wife if alive: 38 years
7. Birth date of deceased: Jan 1 1910 ~~15~~ 1905 (Month) (Day) (Year)
8. AGE: Years 36 ~~41~~ Months 9 Days 28 ~~11~~ If less than one day ..... hr. ..... min.
9. Birthplace: Tenn (City, town, or county) (State or foreign country)
10. Usual occupation: R.R. Porter
11. Industry or business: M P Railroad
12. Name: John Hunt
13. Birthplace: Tenn. (City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. Informant: Gates Und Co
(b) Address: St Louis Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 11-13-46 (Month) (Day) (Year)
(c) Place: burial or cremation: St Louis Mo
18. (a) Signature of funeral director: R. D. Ferguson
(b) Address: Sedalia Mo.
19. (a) 11/13/46 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12 year 1946 hour 5:40 minute P M.
21. I hereby certify that I ~~attended~~ viewed the deceased from as because (11/12) 1946, to ....., 19..., that I last saw h. alive on ....., 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Body crushed & mangled	
Due to: Being run over by Train	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 169-8	
Of autopsy: 20	

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): accident 13
(b) Date of occurrence: 11/12/46
(c) Where did injury occur? Sedalia (City or town) Pettis (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Mo. Pac Railroad Right away 3 (Specify type of place)
While at work? yes (e) Means of injury .....
23. Signature: Wm. K. L. Hobbson (M.D. or other) M.D.
Address: 315 Ely Bldg Sedalia Date signed 11/12/46

(Licensed Embalmer's Statement on Reverse Side)

Cor. 3/16/47 Cor. 4/4/47

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

2 21

corroner

RECEIVED
District Health Officer No. 6
District File Number
Date Filed 11-23-46

JAN 9 1947

MAR 1 1949

DEC 3 1946

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 F. D. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Pettis }

State File No.
Local Registrar's No. 424

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 21 day of November, 1946, before me appears F. D. Ferguson Funeral Director Sedalia, Mo., who, upon oath, states that the original record of death for Nicholas Hunt, died November 12, 1946 in the State of Missouri, and which was filed at Sedalia Mo on Nov. 13, 1946, should be corrected as follows:

Item No. 7 should read January 1, 1910

Instead of 1-15-1905

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant F. D. Ferguson, no Relationship.

1176 Jefferson st. Sedalia Mo. Present Address.

Subscribed and sworn to before me this 20 day of Nov, 1946.

My Commission expires April 7, 1947 Kathryn Kirbrock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
—4-43
I X36667

37903

JAN 9 1947