

FILED DEC 23 1946

State File No. ....

Registration District No. 120

Primary Registration District No. 5447

Registrar's No. 110

1. PLACE OF DEATH:

(a) County Gentry  
(b) City or town Howard Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry 38  
(c) City or town Albany Rural 1  
(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 Hattie Frances Hunter

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Wid 2  
6. (b) Name of husband or wife Jesse T. Hunter 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased August 20 1858  
(Month) (Day) (Year)

8. AGE: Years 88 Months 2 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Gentry Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Wm Stephenson 1  
13. Birthplace York Ky 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Louisa Smith  
15. Birthplace York Ala 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Hunter Maunt

(b) Address Albany Mo

17. (a) Burial (b) Date thereof 11-16-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Same place as above

18. (c) Signature of funeral director Charles D. Williams

(b) Address Albany Mo

19. (a) Dec 9-1946 (b) Storer T. Webster  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13  
year 1946 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from Sept 1 - 1946 to Nov 12 1946  
that I last saw her alive on Nov 10 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis in coronary arteries Duration 1 hour

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 94A

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_

(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 2

23. Signature Charles D. Williams (M. D. or other) DO

Address Gentry Mo Date signed 12-7-46

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

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Leifert Brubaker

Licensed Embalmer No. 3329

P. O. Address Albany 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.