

FILED JAN - 31 1947
Registration District No. _____

Primary Registration District No. **4361**

Registrar's No. **21**

1. PLACE OF DEATH:
(a) County **NEW MADRID.**
(b) City or town **CANALOU.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **9**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 DAY** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **STODDARD**
(c) City or town **RURAL** (If outside city or town limits, write "RURAL")
(d) Street No. **7 Miles East of Bell City, Mo.** (If rural, give location)
(e) Citizen of foreign country? (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME **ADA HUNTER**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **11** day **9** year **1946** hour **11** minute **50 A.M.**
21. I hereby certify that I attended the deceased from **Nov 6** 19**46** to **Nov 6** 19**46**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **M**
6. (b) Name of husband or wife **F.O. HUNTER** 6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **7** **9** **1887**
(Month) (Day) (Year)

that I last saw h. **ai** alive on **Nov 6** 19**46** and that death occurred on the date and hour stated above.
Immediate cause of death **Stomach cancer** Duration **1 day**
Due to **Squamous cell Carcinoma of Cervix (recurrent)** **10 yrs**
Due to **1937**

8. AGE: Years **59** Months **4** Days **0** If less than one day hr. min.

9. Birthplace **TRIGG Co. KY.** (City, town, or county) (State or foreign country)
10. Usual occupation **HOUSEWIFE.**

Other conditions **Metastasis of cancer bone left femur** (Include pregnancy within 3 months of death) + **all tubercular**

MOTHER FATHER
11. Industry or business _____
12. Name **JIM HUDSON**
13. Birthplace **UNKNOWN KY.** (City, town, or county) (State or foreign country)
14. Maiden name **REBECCA JANE McQUARTER**
15. Birthplace **TRIGG Co. KY.** (City, town, or county) (State or foreign country)

Major findings: **Biopsy of Cervix at Bernard Hospital June 1946 - Squamous cell Ca of Cervix**
Of operations _____
Of autopsy **None performed.**

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **F.O. HUNTER**
(b) Address **Bell City Mo. R.F.D. #1**
17. (a) **BURIAL** (b) Date thereof **11 10 46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **SIKESTON, MO.**
18. (a) Signature of funeral director **W. P. Dutton**
(b) Address **SIKESTON, MO.**
19. (a) **Dec. 31-1946** (b) **Thomas Sheets Jr.**
(Date received local registrar) (Registrar's signature)

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. H. Harris** (M. D. or other) **MO**
Address **Wormfield Mo.** Date signed **Dec 4, 1946**

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.....

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

Signed..... *John Allerton*

Licensed Embalmer No. *7441*

P. O. Address..... *Seferston, Md*

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

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