

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 2 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41723**

Registration District No. **295**

Primary Registration District No. **444 3**

Registrar's No. **27**

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Huntsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Infirmary 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph 88
(c) City or town huntsville /
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME George Hunter
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 21
year 1946 hour minute M.
21. I hereby certify that I attended the deceased from Dec 19, 1946, to Dec 20, 1946
that I last saw him alive on Dec 20, 1946
and that death occurred on the date and hour stated above.

4. Sex male C 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife don't know 6. (c) Age of husband or wife if alive years
7. Birth date of deceased don't know
(Month) (Day) (Year)

Immediate cause of death Chronic myocarditis Duration D.K.
Due to arterio-sclerosis D.K.
Due to
Other conditions (include pregnancy within 3 months of death)
Major findings: none 430
Of operations
Of autopsy none

8. AGE: Years Months Days If less than one day
78 hr. min.

9. Birthplace: Litchfield Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation carpenter

11. Industry or business
12. Name Sam Hunter
13. Birthplace don't know Illinois
(City, town, or county) (State or foreign country)
14. Maiden name don't know
15. Birthplace don't know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Charley Armstrong
(b) Address Moberly, Missouri
17. (a) burial (b) Date thereof 12/22/1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Huntsville, Missouri

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 Dr. Dreyer (M. D. or other) MD
Address Huntsville, Mo Date signed 12/26/46

18. (a) Signature of funeral director Tom B. Patton
(b) Address Huntsville, Mo
19. (a) 12/28/46 (b) Mrs. D.A. Barnhart
(Date received local registrar) (Registrar's signature)

40535 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 10
District No. 12-16-2357
Date DEC 31 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 Tom B. Patton
Licensed Embalmer No. 3914
P. O. Address Huntsville, Ala

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.