

S. No. 2  
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5-17-39  
P1 X47075

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5746  
Registrar's No. 5

FILED FEB 17 1947  
Registration District No. 2479

Primary Registration District No. 5951

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

1. PLACE OF DEATH:  
(a) County Pike  
(b) City or town Rural - Prairieville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Eolia, Mo 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 \_\_\_\_\_ (Specify whether)  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State mo (b) County Pike 82  
(c) City or town Rural  
(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 no

3. (a) PRINT FULL NAME Bessie Ruth Hunter  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day South  
year 1947 hour 11 minute A M.  
21. I hereby certify that I attended the deceased from Jan 27 to Jan 30 1947  
that I last saw her alive on Jan 30 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife E. S. Hunter 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased Feb 23 1884  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage  
Due to high blood pressure not known  
Due to not known  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

8. AGE: Years 62 Months 11 Days 8  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace New London Mo 6  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_  
12. Name Myatt Gatewood  
13. Birthplace Lynchburg Va.  
(City, town, or county) (State or foreign country)  
14. Maiden name Fannie E Gatewood  
15. Birthplace Lynchburg Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant E. S. Hunter - Husband  
(b) Address Eolia Mo

17. (a) Burial (b) Date thereof Feb 2 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Eolia, Mo

18. (a) Signature of funeral director Mrs. C. H. Hdw  
(b) Address Eolia Mo

19. (a) Feb 15 1947 (b) N. E. Coock Deffy  
(Date received local registry) (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 \_\_\_\_\_  
Signature E. M. Barden (M. D. or other)  
Address Clarksville Mo Date signed 3/2/47

Duration 1 day  
Underline the cause to which death should be charged statistically.

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**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 Norman E. Good  
Licensed Embalmer No. 2342  
P. O. Address Esolia 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.**