

No. 2  
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X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 8 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13894

State File No. \_\_\_\_\_

Registration District No. 156

Primary Registration District No. 2001-5581

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural, RFD#1  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
11th & Rex Crossing /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community 60 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Rural, R#1 0  
(If outside city or town limits, write "RURAL")

(d) Street No. 11th & Rex Crossing, Joplin 0  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Bedford Assa Hunter

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

4. Sex Male 0 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Anna Hunter 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 2, 1876  
(Month) (Day) (Year)

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

<u>73</u>	<u>1</u>	<u>16</u>	hr. _____ min. _____
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9. Birthplace Aurora Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Miner, retired

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

MOTHER FATHER { 12. Name No record ?

13. Birthplace " " ?  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace " " ?  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Hunter

(b) Address Joplin, R#1, 11th & Rex Crossing

17. (a) Burial (b) Date thereof 3-20-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park

18. (a) Signature of funeral director Parker Hunsaker

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 3/24/47 (b) A. J. Crawford  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18  
year 1947 hour 10 minute 50 PM.

21. I hereby certify that I attended the deceased from Jan 47  
1 19. to Mar 16 19. 47  
that I last saw him alive on Mar 16-47 19. 47  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio Renal. Disease 131A  
Duration \_\_\_\_\_

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

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

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

Major findings:  
Of operations \_\_\_\_\_

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) \_\_\_\_\_  
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 0

23. Signature A. J. Crawford (M. D. or other) \_\_\_\_\_  
Address Joplin Mo Date signed 3/21/47

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

47-3-342

1947

**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. M. Jones  
Licensed Embalmer No. 2319  
P. O. Address Josephine Ave

**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.**