

FILED MAY 7 1947

Registration District No. **324** Primary Registration District No. **3072**

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 372 West Summit
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community Roller Pipe years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline

(c) City or town Marshall
(If outside city or town limits, write "RURAL")

(d) Street No. 372 W - Summit
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME SUSAN CAROLINE HUNTER

3. (b) If veteran, name war V

3. (c) Social Security No. Miss

4. Sex Female 5. Color or race White

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

(b) Name of husband or wife James F. Hunter

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: May 20 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>10</u>	<u>26</u>	_____ hr. _____ min.

9. Birthplace Saline Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER, FATHER

12. Name Brewinville Thomas

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

14. Maiden name Mary

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

16. (a) Informant Mrs M. E. Tate

(b) Address 372 W. Summit Marshall Mo

17. (a) Burial (b) Date thereof Apr 18 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cem

18. (a) Signature of funeral director Campbell

(b) Address Marshall Mo

19. (a) Apr 22-47 (b) Sidney S. Gray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1947 hour 10 minute _____ A. M.

21. I hereby certify that I attended the deceased from Jan 4 1947 to April 16 1947
that I last saw her alive on 4-12 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chr. Myocarditis

Due to Senility

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy None

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)

(c) Means of injury _____

23. Signature Rovind (M. D. or other) _____

Address Marshall Mo Date signed 4-22-47

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 5-6-47

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 Jan. H. Penix.....

Licensed Embalmer No. 1171.....

P. O. Address Marshall 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.