

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16630**
Registrar's No. **655**

Registration District No. **42** Primary Registration District No. **5129**

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

1. PLACE OF DEATH:
(a) County **Buchanan**
(b) City or town **BURIAL, Platte Township**
(c) Name of hospital or institution: **Rural Gower**
(d) Length of stay: In hospital or institution _____
In this community **Was rocking road in this vicinity**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **Clinton**
(c) City or town **Plattsburg**
(d) Street No. _____
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **MARVIN CAROL HUNT**
(b) If veteran, name war **WORLD WAR II**
(c) Social Security No. **491-22-5472**

20. DATE OF DEATH: Month **MAY** day **17**
year **1947** hour **VIEWED** minute **20 A.M.**
21. I hereby certify that I attended the deceased from **5-17** to **5-17**, 19**47**

4. Sex **Male** 5. Color or race **white**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death **Injuries Received**
When auto fell on
air

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	20	11	19	_____ hr. _____ min.

Due to _____
Due to _____
Other conditions _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace **Gower Missouri**
10. Usual occupation **LABORER**

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

11. Industry or business **Everett & Clark Rock Quarry**
12. Name **Robert Deville Hunt**
13. Birthplace **Red Oak Iowa**
14. Maiden name **CLARA FRANCIS STAFFLEBEAN**
15. Birthplace **Stewartville Missouri**

16. (a) Informant **ROBT. HUNT**
(b) Address **Plattsburg MO.**
17. (a) **BURIAL** (b) Date thereof **5/19/47**
(c) Place: burial or cremation **LATHROP MO.**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **accident**
(b) Date of occurrence **5-17-1947**
(c) Where did injury occur? **Rural, Buchanan, MO**
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place

18. (a) Signature of funeral director **D. D. Lyon**
(b) Address **Plattsburg MO.**
19. (a) **May 19, 1947** (b) **G. E. Jenkins**

While at work? **yes** (c) Means of injury **auto**
23. Signature **B. W. Tadlock** (M. D. or other) _____
Address **King Hill Bldg** Date signed **5/17/47**

41390

JAN 8 1948

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..... *Daniel W. Lyon*

Licensed Embalmer No *3640*

P. O. Address *PLATTSBURG, 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.