

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 28 1947THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17251

State File No.

Registration District No. 137 Primary Registration District No. 4318 Registrar's No. 119

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

3. (a) PRINT FULL NAME John A. Hunt

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Mary Larkey 6. (c) Age of husband or wife if alive 7 1856 years

7. Birth date of deceased Feb. 7 1856
 (Month) (Day) (Year)

8. AGE: Years 91 Months 3 Days 7 If less than one day hr. min.

9. Birthplace Benton County Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming-retired

11. Industry or business

MOTHER FATHER 12. Name Abram Hunt

13. Birthplace Sullivan County Tenn.
 (City, town, or county) (State or foreign country)

14. Maiden name Susan Hale 15. Birthplace Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant Roy Hunt
 (b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 5-16-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln, Missouri

18. (a) Signature of funeral director Huston Turner
 (b) Address Windsor Missouri

19. (a) 5-19-47 (b) R.R. Kennedy
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Henry 42
 (c) City or town R.F.D. 3 Windsor
 (If outside city or town limits, write "RURAL")
 (d) Street No. R # 2
 (If rural, give location)
 (e) Citizen of foreign country? No
 (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 14
 year 1947 hour 4:30 am minute M.

21. I hereby certify that I attended the deceased from Apr 3, 1947 to May 14, 1947
 that I last saw him alive on May 14, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death: Mortality
 Due to: Endorse of lungs
 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)
 (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 J. Russell (M. D. or other)
 Address 1000 Grandview Date signed May 19, 1947

RECEIVED
District Health Officer No. 7,
District File Number A-17-623
Date Filed 5-27-49

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
William M. Turner, Registered Apprentice No. 470,
working under my personal supervision.

Signed.....

William M. Turner

.. Licensed Embalmer No. 3391

P. O. Address. Windsor, MA

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.