—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 6 1947

Registration District No. 136

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

State File No. 24556

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. John Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 36 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 713 Moffet (If rural, give location) 5
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Carl Rex Hunter
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 Married
6. (b) Name of husband or wife Alpha
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 4, 1880 (Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 17 If less than one day hr. min.

9. Birthplace Jasper Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Retired---
11. Industry or business
FATHER
12. Name James I. Hunter
13. Birthplace -----Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Marian Follmer
15. Birthplace -------Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Alpha Hunter
(b) Address 713 Moffet, Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial
18. (a) Signature of funeral director Parker-Hunsaker
(b) Address 1502 Joplin, Joplin, Mo.
19. (a) 6-26-47 (Date received local registrar) (b) Dolores Lampkins Dr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21 year 1947 hour 5:45 minute A M.

21. I hereby certify that I attended the deceased from June 17, 47, 19, to June 21-47, 19; that I last saw him alive on June 21-47, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	6-17-47
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94A

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Walter Howard (M. D. or other) 6-23-47
Address Joplin Mo Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

47-7-624

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 Joplin 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.