S. No. 2
M—2-43
v. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 6 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24999

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 240

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Bothwell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Johnson
(c) City or town Knob Noster
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME A. John Hunter
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 30 (Day) 1863 (Year)

8. AGE:	Years	Months	Days	If less than one day
83	83	6	2	hr. min.

9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Machinist
11. Industry or business
FATHER
12. Name John W. Hunter
13. Birthplace Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Amanda Hammons
15. Birthplace Indiana (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Grace McBride
(b) Address McCall, Idaho
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-47 (Month) (Day) (Year)
(c) Place: burial or cremation Knob Noster Cemetary
18. (a) Signature of funeral director W. Raymond Baker
(b) Address Knob Noster, Missouri
19. (a) 7-3-47 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1947 hour 4 minute 30 a.m.
21. I hereby certify that I attended the deceased from July 1 1947 to July 2 1947
that I last saw him alive on July 2 1947
and that death occurred on the date and hour stated above.

Immediate cause of death (1) Chr. Myocarditis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations John Napolitano
Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature L. W. Crowe (M. D. or other) 140
Address Knob Noster Date signed July 3 1947

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-3-47

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,~~ C. L. Saults, Registered Apprentice No. , working under my personal supervision.

Signed C. L. Saults

Licensed Embalmer No. 1086

P. O. Address Knob Noster Mi

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.