

**FILED** AUG 13 1947

Registration District No. 378

Primary Registration District No. 6285

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Wright  
 (b) City or town Rural Mountain Grove Twp  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... (Specify whether  
 In this community 35 yrs  
 years, months or days)

3. (a) PRINT FULL NAME Ada Hunter  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. No

4. Sex Female 5. Color or race white  
 6. (a) Single, widowed, married, divorced widow  
 6. (b) Name of husband or wife Ed Hunter  
 6. (c) Age of husband or wife if alive 3 years  
 7. Birth date of deceased 1892  
 (Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 26  
 If less than one day hr. min.

9. Birthplace Atchinson Co., Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER

12. Name Joseph Hunter  
 13. Birthplace Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name MARY JANE COBURN  
 15. Birthplace Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant R. W. Hinton  
 (b) Address Mountain Grove, Mo.

17. (a) BURIAL (b) Date thereof July 1, 1947  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lone Star

18. (a) Signature of funeral director Russell Barber  
 (b) Address Mountain Grove, Mo.

19. (a) 8-4-47 (b) A. B. Ames  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright 114  
 (c) City or town Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5 miles southwest of Water Grove  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19  
 year 1947 hour unknown minute M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Unknown  
This person had plans and was found dead by neighbors (death was from natural causes due to asphyxiation)

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 700C

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) (c) Means of injury 3

23. Signature George Stapp (attorney)  
 Address Lodge Stapp Date signed 7/29/47

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

**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..... *George Stoffe* .....

Licensed Embalmer No. *3161* .....

P. O. Address *Mt. Laurel, Md* .....

**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.**