S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31678

Registration District No. 169 Primary Registration District No. 4258 Registrar's No. 165

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Edina
(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 Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 52
(c) City or town Edina 1
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME John Joseph Hunolt
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male C
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Thresa Hunolt
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Feb (Month) 17 (Day) 1885 (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	7	16	hr. min.

9. Birthplace Edina (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Joseph Fredrick Hunolt
13. Birthplace Edina (City, town, or county) Mo. (State or foreign country) 0
MOTHER
14. Maiden name Margaret P. Kavanaugh
15. Birthplace Baring (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant Frank W. Hunolt
(b) Address Edina Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct (Month) 6 (Day) 1947 (Year)
(c) Place: burial or cremation St. Josephs New Catholic Cem
18. (a) Signature of funeral director Paul C. Kriegshauser
(b) Address Edina Mo.
19. (a) Oct 9 1947 (Date received local registrar) (b) Nell S. Hunolt (Registrar's signature) 157

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 4
year 1947 hour 4 minute P.M.
21. I hereby certify that I attended the deceased from May, 1943, to Oct. 3, 1947
that I last saw him alive on Oct. 3, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	5 min.
Due to	
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?
(Specify type of place)
While at work? (e) Means of injury 2
23. Signature I. J. Breckenfeld (M. D. or other) D.O.
Address Edina, Mo. Date signed 10/7/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 1
District File Number 10-47-38
OCT 10 1947
Date Filed

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 Paul C Kriegshauser

Licensed Embalmer No. 4085

P. O. Address Edina Missouri

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.