No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34239

FILED OCT 29 1947

Registration District No. 728 — Primary Registration District No. 5466 — Registrar's No. 909

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: S. Campbell Twp. RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Medical Center for Federal Prisoners
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 months 20 days (Specify whether years, months or days)
In this community: 4 months 20 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Alabama (b) County: Henry
(c) City or town: Headland
(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: William David HUNT 6245-H
3. (b) If veteran, name war: World Ward II
3. (c) Social Security No.

4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June (Month) 6 (Day) 1922 (Year)

8. AGE: Years 25 | Months 3 | Days 12 | If less than one day: hr. min.

9. Birthplace: Hatles (?) (City, town, or county) Alabama (State or foreign country)
10. Usual occupation: Car washer
11. Industry or business:
MOTHER FATHER
12. Name: Noah J. Hunt
13. Birthplace: Stockton, Alabama (City, town, or county) (State or foreign country)
14. Maiden name: Henrietta Hunt
15. Birthplace: (?) (City, town, or county) (?) (State or foreign country)
16. (a) Informant: File
(b) Address: MCFP
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Oct 21, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Dothan, Alabama
18. (a) Signature of funeral director: Fred C. Thrane
(b) Address: Springfield, Mo.
19. (a) 10-21-47 (Date received local registrar) (b) W. E. Hundley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18 year 1947 hour 11 minute 45 P.M.
21. I hereby certify that I/they attended the deceased from May 28, 1947, to October 18, 1947; that I/they last saw him alive on October 18, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Hemorrhage into first portion of jejunum — Duration

Due to: Adenocarcinoma of colon with direct invasion of stomach, duodenum, transverse colon and jejunum; metastases to pelvis, bladder, rectum and peritoneum. — 2½ years

Major findings:
Of operations: L/C E
Of autopsy: As stated above, also tumor obstructing duodenum. Hydronephrosis left kidney and ureter.

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: E. W. Morefield (M. D.)
Address: Med. Center Fed. Pris. Springfield, Missouri Date signed 10-21-47

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

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

SEP 1 1930

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 Fred C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.