

No. 2  
12-25  
-17-39  
X47070

State File No. ....

FILED DEC 8 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1403

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
State Hospital No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 months 5 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew  
(c) City or town Savannah  
(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 JOHN SHERIDAN HUNTER.

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 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 July 7 - 1865  
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 22 If less than one day hr. ^ min.

9. Birthplace Andrew Co., Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name Samuel J. Hunter

13. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Emeline Roberts

15. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant James H. Cismugeo

(b) Address Savannah R. #2 - Missouri

17. (a) Burial (b) Date thereof 12-1-47  
(Burial, cremation, or removal) (City or town) (County) (State) (Day) (Year)

(c) Place: burial or cremation Savannah mo

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah mo

19. (a) 12-1-47 (b) E. C. Jenkins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 29  
year 1947 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from 9-24- 1947 to 11-29- 1947  
that I last saw him alive on 11-29- 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to arterio-sclerosis

Due to.....  
Other conditions Phydiatic  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

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)  
(e) Means of injury 0

23. Signature Parment Thomas (M. D. certifier)  
Address State Hospital No. 2 Date signed 11-29-47

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

MOTHER FATHER

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**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 P. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah

**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.**