

No. 2
-12-45
-17-39
X47070

FILED DEC 1 1947

Registration District No. **47**

Primary Registration District No. **1000**

1. PLACE OF DEATH:
 (a) County **Buchanan**
 (b) City or town **St. Joseph**
 (c) Name of hospital or institution: **Mercy Hospital**
 (If not in hospital or institution, write street number or location) **0**
 (d) Length of stay: In hospital or institution **1 wk.**
 In this community **1 week**
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Holt** **44**
 (c) City or town **Maitland rural**
 (If outside city or town limits, write "RURAL") **0**
 (d) Street No. **rural route**
 (If rural, give location) **0**
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country **U**

3. (a) PRINT FULL NAME **Wilson Henry Huntsman**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **no**

4. Sex **male** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced, widowed **2 divorced widowed**
 6. (b) Name of husband or wife **deceased**
 6. (c) Age of husband or wife if alive **✓** years
 7. Birth date of deceased **June 18 1872**
 (Month) (Day) (Year)

8. AGE: Years **75** Months **5** Days **3**
 If less than one day hr. min.

9. Birthplace **New Point Mo. (U)**
 (City, town, or county) (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business **farmer**

12. Name **Noah Huntsman**

13. Birthplace **Ohio**
 (City, town, or county) (State or foreign country)

14. Maiden name **Elvira Henry**
 (City, town, or county) (State or foreign country)

15. Birthplace **Indiana**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Dale Huntsman**

(b) Address **Maitland, Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 23 1947**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Point Cem.**

18. (a) Signature of funeral director **G. M. Atchison**

(b) Address **Maryville, Mo.**

19. (a) **11-24-47** (b) **G. M. Atchison**
 (Date received local registrar) (Registrar's signature) **207**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Nov.** day **21**
 year **1947** hour **2** minute **P.** M.
 21. I hereby certify that I attended the deceased from **Nov. 14**
 19**47**, to **Nov. 21** 19**47**
 that I last saw him alive on **Nov. 21** 19**47**
 and that death occurred on the date and hour stated above.

Immediate cause of death **acute Coronary Occlusion**
 Due to **Arteriosclerosis**
 Due to _____
 Other conditions **Senility**
 (Include pregnancy within 3 months of death)
 Major findings: **947**
 Of operations _____
 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?

While at work? _____ (Specify type of place)
 Means of injury **2**
 23. Signature **Stump** or other **P.O.**
 Address **923 Tawson St.** Date signed **11-23-47**

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

FEB 17 1949

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

G M Peterson

Licensed Embalmer No. 2279

P. O. Address Monroville 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.