No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 29 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1831
State File No.

Registration District No. 225 Primary Registration District No. 4335 Registrar's No. 2

1. PLACE OF DEATH:
(a) County: Moniteau Co.
(b) City or town: Tipton Rural
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Moniteau 68
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 1 1/2 mi. S of Tipton Mo.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: JAMES ALBERT HUNTER
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Minnie Hunter
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Nov. (Month) 18 (Day) 1883 (Year)

8. AGE: Years 64 Months 1 Days 24 If less than one day br. min.

9. Birthplace: Moniteau Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:
MOTHER FATHER
12. Name: John W. Hunter
13. Birthplace: Moniteau Co. (City, town, or county) Mo (State or foreign country)
14. Maiden name: Amanda Akers
15. Birthplace: (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Mrs Minnie Hunter (wife)
(b) Address: Tipton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Flag Spring Cem.
18. (a) Signature of funeral director: Chas. L. C. Williams
(b) Address: California Mo.
19. (a) Jan. 22, 1948 (Date received local registrar) (b) Mrs. Maude Hudson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 12 year 48 hour 10 30 minute Am. M.
21. I hereby certify that I attended the deceased from —, 19..., to —, 19...; that I last saw him alive on 1-8-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	Hours
Due to: No history	
Due to:	
Other conditions: No history. (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
Of autopsy: None.	

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: (M. D. or other)
Address: Tipton Mo Date signed 1-20-48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 1/30/48

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 Hugh E Williams

Licensed Embalmer No. 3537

P. O. Address California 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.