No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4100

Registration District No. 43 — Primary Registration District No. 3007 — Registrar's No. 49

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

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff Mo
(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 Butler 12
(c) City or town Poplar Bluff 7
(If outside city or town limits, write "RURAL")
(d) Street No. 820 Garfield St 3
(If rural, give location)
(e) Citizen of foreign country? ((Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Alvin Jean Hunter
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex female 3
5. Color or race Cabd
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Nov. (Month) 16 (Day) 1947 (Year)

8. AGE: Years | Months 2 | Days 18 | If less than one day ..... hr. ..... min.

9. Birthplace Poplar Bluff Mo (City, town, or county) (State or foreign country)
10. Usual occupation ✓
11. Industry or business ✓

FATHER
12. Name Alvin Willie Hunter
13. Birthplace Arkansas / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Annie Mae Jackson
15. Birthplace Parkin Ark / (City, town, or county) (State or foreign country)

16. (a) Informant Alvin Willie Hunter Falter
(b) Address 820 Garfield St Poplar Bluff Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Monroe
18. (a) Signature of funeral director Fred J. Smith
(b) Address Sikeston Mo
19. (a) 2-7-48 (Date received local registrar) (b) R. Brunette (Registrar's signature) 33

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 3
year 1948 hour 4 minute 50 A.M.

21. I hereby certify that I attended the deceased from 1 Feb 1948 to 3 Feb 1948
that I last saw him alive on 1 Feb 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bilateral	
Due to Bronchopneumonia	4 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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

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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 0

23. Signature [signature] (M. D. or other) .....
Address 321 Oak Poplar Bluff Mo Date signed 6 Feb 48

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

RECEIVED
District Health Office No. 2
District File Number 248-231
Date Filed 2-16-48

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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Silkaton, 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.