

Registration District No. **206**

Primary Registration District No. **5751**

1. PLACE OF DEATH:

(a) County **Madison**
(b) City or town **Rural - St. Michael's Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 1/2 mi. S.W. of Fredericktown at Mill Creek
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **30 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Madison**
(c) City or town **Rural -**
(If outside city or town limits, write "RURAL")
(d) Street No. **2 1/2 mi. S.W. of Fredericktown at Mill Creek**
(If rural, give location)
(e) Citizen of foreign country? **- No -** (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME **Gilbert C. Hunter**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **18**
year **1948** hour **9** minute **15** P.M.
21. I hereby certify that I attended the deceased **died not attend deceased**
during illness from **19** to **19**;
that I last saw him/her on **Apr 18**, 19**48**;
and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married; divorced **married**
6. (b) Name of husband or wife **Bertha Hunter** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **December 7, 1873**
(Month) (Day) (Year)

Immediate cause of death **Coronary obstruction** Duration **Thour**
Due to **Angine Pectoris**
Due to _____

8. AGE: Years Months Days If less than one day
74 4 11 hr. min.

Other conditions **General anemia**
(Include pregnancy within 3 months of death)

9. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)
10. Usual occupation **merchant**
11. Industry or business **general store**
12. Name **Henry Hunter**
13. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)
14. Maiden name **Mahulda Jenkins**
15. Birthplace **Tennessee**
(City, town, or county) (State or foreign country)

Major findings:
Of operations **CA 4 B**
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Bertha Hunter**
(b) Address **Mill Creek, Missouri**
17. (a) **Burial** (b) Date thereof **April 23, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Hunter Cemetery, Wayne Co.**
18. (a) Signature of funeral director **Webb - Adams**
(b) Address **Fredericktown, Mo.**
19. (a) **4-20-48** (b) **Florence Tucker**
(Date received local registrar) (Registrar's signature)

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 _____
23. Signature **W. Harry Barron** (M. D. or other) _____
Address **Fredericktown Mo** Date signed **5/19/48**

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

62
0
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RECEIVED

District Health Officer No. 4
District File Number 448-558
Date Filed 4-28-48

MAY 11 1948

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 L. Poljan Adamson
Licensed Embalmer No. 4351
P. O. Address Fredericktown, 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.