

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 19 1948

Registration District No. 264

Primary Registration District No. 5894

Registrar's No. 5

1. PLACE OF DEATH:
(a) County Ozark
(b) City or town Rural- Pine Creek
(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 67 yrs (Specify whether years, months or days)
In this community 67 yrs

3. (a) PRINT FULL NAME Robert Q Hunt
3. (b) If veteran, --- 3. (c) Social Security No. ---
name war. ---

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Hester M. Hunt 6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased July 21 1880
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 14 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Harvey Hunt

12. Name Gainesville Missouri
13. Birthplace Gainesville Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Luraney Sanders
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Bernie E Hunt
(b) Address Reed Springs Mo.

17. (a) Burial (b) Date thereof 2-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smith Chappell

18. (c) Signature of funeral director Climbinghard Fun. Home

(b) Address Gainesville Mo.

19. (a) 2-25-48 (b) William Rogers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ozark
(c) City or town Tecumseh- rural
(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 ---

MEDICAL CERTIFICATION
23. DATE OF DEATH: Month February day 5
year 1948 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from 10/6/48 to 2/5 that I last saw him alive on 2/5 and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Myocarditis, also Arterial Sclerosis

Due to Chronic Myocarditis, also Arterial Sclerosis

Due to ---

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 938

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) (c) Means of injury ---

23. Signature W. H. Rogers Address West Plains Mo. Date signed 2/5/48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 67
District File Number 448-409
Date Filed MAR 15 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..... *H.B. Withers*.....
Licensed Embalmer No. *3431*.....
P. O. Address *Yamessville, N.C.*.....

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.