S. 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 JUL 26 1948

Registration District No. 209

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 23559

Registrar's No. 228

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Riverside ST 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Marion
(c) City or town: Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No.: Riverside ST 1
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or N
If yes, name country .....

3. (a) PRINT FULL NAME: Phillip P. 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: Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: March (Month) 8 (Day) 1948 (Year)

8. AGE: Years ..... Months 4 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace: Hannibal (City, town, or county) MO (State or foreign country)
10. Usual occupation .....
11. Industry or business .....
FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)
MOTHER
14. Maiden name: Tillie Mae Welch
15. Birthplace: Hannibal (City, town, or county) MO (State or foreign country)

16. (a) Informant: P. P. Becker
(b) Address: Hannibal MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Jacksonville, Ill
18. (a) Signature of funeral director: James O'Donnell
(b) Address: Hannibal MO
19. (a) 7-20-48 (Date received local registrar) (b) Dr R. M. Lucke (Registrar's signature) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1948 hour — minute 10 40 a

21. I hereby certify that I attended the deceased from March 8, 1948, to July 11, 1948, that I last saw alive on July 11, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Malnutrition (Premature)

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

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

Duration

PHYSIC

Unde the cau which d should charged tistical

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) (Sta
(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: R. M. Lucke (M. D. or other)
Address: Hannibal Mo Date signed 7/12

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

rking under my personal supervision.

Signed H. M. O'Donnell

Licensed Embalmer No. 43889

P. O. Address Hannibal Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.