S. No. 300
OM—10-47
ev. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26784

Registration District No. FILED SEP 8 1948 6

Primary Registration District No. 2001

Registrar's No.

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

9
2
5

1. PLACE OF DEATH:

(a) County JASPER

(b) City or town JOPLIN
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST JOHN'S HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community 1 Year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 408 E. 4th. Street 5
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME WILLIAM HUNTER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 2

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced MARRIED 1

6. (b) Name of husband or wife IRENE

6. (c) Age of husband or wife if alive years

7. Birth date of deceased AUGUST (Month) 28 (Day) 1885 (Year)

8. AGE: Years 63 Months 0 Days 2 If less than one day hr. min.

9. Birthplace Gainsville, Georgia 1
(City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business Trinity Methodist Church

FATHER
12. Name No Record 9
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Irene Hunter

(b) Address 408 E. 4th. Street

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-1-48 (Month) (Day) (Year)

(c) Place: burial or cremation Memphis, Tennessee

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 9-1-48 (Date received local registrar) by Ed D James (Registrar's signature) 138

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30
year 1948 hour 3:45 minute A M.

21. I hereby certify that I attended the deceased from Aug 15-48, 19 to 19;
that I last saw him alive on Aug 30-48, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 936

Of autopsy

Duration 27

PHYSICIAN

Underline the cause to 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 A. L. Crawford 0 (M. D. or other)

Address Joplin Mo Date signed 8/31/48

(Licensed Embalmer's Statement on Reverse Side)

48-8-753

FEB 23 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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.