No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 18 1948

Registration District No. 6285

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28742

Primary Registration District No. 6285

Registrar's No. 34

1. PLACE OF DEATH:
(a) County Wright
(b) City or town Mountain Grove (Rural) (Mtn Grove Twp)
(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 years, months or days)
In this community 31 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wright 117
(c) City or town Mountain Grove (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martha D. Hunsaker
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Charles C. Hunsaker
6. (c) Age of husband or wife if alive 91 years
7. Birth date of deceased April (Month) 2nd (Day) 1861 (Year)

8. AGE: Years 87 | Months 2 | Days 4 | If less than one day hr. min.

9. Birthplace Chillicothe (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Adam Hughes
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sarah Hughes
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Albert Hunsaker
(b) Address Mountain Grove, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Hill Crest Cemetery
18. (a) Signature of funeral director [illegible]
(b) Address Mountain Grove, Missouri
19. (a) 8-10-48 (Date received local registrar) (b) A. G. Ames (Registrar's signature) 347

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th year 1948 hour 1 minute P. M.

21. I hereby certify that I attended the deceased from Feb. 10 1948 to June 6 1948; that I last saw him alive on June 6 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature [illegible] (M. D. or other)
Address Mtn. Grove Mo. Date signed 6-10-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 848-948
Date Filed AUG 17 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 George Stapp

Licensed Embalmer No. 316

P. O. Address Mt. Airy, Md.

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.