

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED SEP 28 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29092**  
Registrar's No. **288**

Registration District No. **53** Primary Registration District No. **3010**

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

1. PLACE OF DEATH:  
(a) County **CAPE GIRARDEAU**  
(b) City or town **CAPE GIRARDEAU**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St Francis Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 wks.**  
In this community **3 wks.**  
years, months or days

3. (a) PRINT FULL NAME **HENRY CLAY HUNTER**  
(b) If veteran, name war **NO**  
(c) Social Security No. **3**

4. Sex **male** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **ELVENA WATIMER HUNTER**  
6. (c) Age of husband or wife if alive **36** years  
7. Birth date of deceased **April 12 1881**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **5** Days **5**  
If less than one day hr. min.

9. Birthplace **New Madrid Mo. U**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business  
12. Name **Albert B. Hunter**  
13. Birthplace **New Madrid Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Elta Pack**  
15. Birthplace **New Madrid Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Elvena W. Hunter**  
(b) Address **New Madrid, Mo.**

17. (a) **Burial** (b) Date thereof **Sept. 20, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Evergreen**

18. (a) Signature of funeral director **Richard Underco**  
(b) Address **New Madrid, Mo.**

19. (a) **9-21-48** (b) **C. C. Summers**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **New Madrid**  
(c) City or town **New Madrid**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **9** day **17**  
year **1948** hour **9** minute **P.** M.  
21. I hereby certify that I attended the deceased from **1930**  
19\_\_\_\_ to **Sept. 9** 1948  
that I last saw him alive on **9-17** 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebrom of the right Adrenal with metastases**  
Due to **(General)**  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **55W**

Major findings: Of operations **55W**  
Of autopsy **same**

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? **St. Francis Hosp. Cape Girardeau**  
(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 **Thomas A. Madril** (M. D.)  
Address **Liberator, Mo.** Date signed **9-18-48**

Duration  
Probably **6 mo.**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4  
District File Number 948-1207  
Date Filed 9-27-48

JUN 5 1953

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.S. Hady*

Licensed Embalmer No. 3803

P. O. Address *New Madrid 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.