No. 300
—10-47
5-17-39
P I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29175

Registration District No. 6 6 Primary Registration District No. 6255 Registrar's No. 25

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Rural - Clark Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 55

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

3. (a) PRINT FULL NAME Shadrach 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 Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb 4 - 1860 (Month) (Day) (Year)
8. AGE: Years 88 Months 6 Days 28 If less than one day hr. min.
9. Birthplace Monticello (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Shadrach Hunter
13. Birthplace (City, town, or county) Va (State or foreign country)
MOTHER 14. Maiden name Margaret Ann Radle
15. Birthplace (City, town, or county) Va (State or foreign country)
16. (a) Informant Don Hunter
(b) Address Excelsior Springs, Mo
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Sept 4 - 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet
18. (a) Signature of funeral director Jas M Langdin
(b) Address Marceline Mo
19. (a) Sept 3 48 (Date received local registrar) (b) Martha Clark (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2 year 1948 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from Aug 22, 1948 to Sept 2, 1948 that I last saw him alive on Aug 22, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral Thrombosis
Due to Arterio sclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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 Robert W Smith (M. D. or other)
Address Marceline, Mo Date signed Sept 2 1948

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 10-14-48

MAY 26 1957

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 Dale Bench

Licensed Embalmer No. 4088

P. O. Address Marceline 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.