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 SEP 30 1948

Registration District No. 2973

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30573

Primary Registration District No. 5916

Registrar's No. 62

1. PLACE OF DEATH:
(a) County: Perry
(b) City or town: Rural (Cinque Hommes) (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Perryville, R.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: Mo. (b) County: Perry
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: Perryville, R.1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Sarah Hunt
3. (b) If veteran, name war .....
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) ~~Single, widowed,~~ married, ~~divorced~~: Married
6. (b) Name of husband ~~or wife~~: Edward Hunt
6. (c) Age of husband ~~or wife if alive~~: 58 years
7. Birth date of deceased: March (Month) 17 (Day) 1895 (Year)

8. AGE: Years	Months	Days	If less than one day
53	6	1	hr. min.

9. Birthplace: Cape Girardeau (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business .....
FATHER
12. Name: Joseph Bateman
13. Birthplace: Cape Girardeau (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name: Josephine Winkler
15. Birthplace: Perry County (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Edward Hunt
(b) Address: Perryville, R.1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-21-1948 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Mt. Hope Cemetery
18. (a) Signature of funeral director: Bey Funeral Home
(b) Address: Perryville, Mo.
19. (a) 9-20-48 (Date received local registrar) (b) Joe J. Zellner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 18th year 1948 hour 9:30 minute P.M.
21. I hereby certify that I attended the deceased from Aug 28, 1948, to Sept 18, 1948 that I last saw her alive on 9/18, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial failure	
Due to: Mitral incompetency	3 yrs
Due to: Mitral Stenosis	
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) DO
Address: Perryville, Mo Date signed 9/21/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 948-1228

Date Filed 9-29-48

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 Albert Bey

Licensed Embalmer No. 3866

P. O. Address Perryville, 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.