FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 29 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

35669
State File No.

Primary Registration District No. 1000

Registrar's No. 1231

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Josephs Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 days (Specify whether years, months or days)
In this community: 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 2318 Bartlett (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Dave Hunt
3. (b) If veteran, name war: none
3. (c) Social Security No.: none
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Elizabeth Hunt
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: February (Month) 4 (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
83	9	10	hr. min.

9. Birthplace: Andrew County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: retired laborer
11. Industry or business: Street Railway Co.
MOTHER FATHER
12. Name: unknown
13. Birthplace: unknown (City, town, or county) Ohio (State or foreign country)
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) Ohio (State or foreign country)
16. (a) Informant: Cecil C. Hunt
(b) Address: 403 Oak St. Joseph, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 11/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery
18. (a) Signature of funeral director: Heaton Bauman Funeral Home
(b) Address: St. Joseph, Mo.
19. (a) 11-20-48 (Date received local registrar) (b) E. B. Jenkins (Registrar's signature) 392

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14, year 1948 hour 7 minute 31 A. M.
21. I hereby certify that I attended the deceased from 11/4/48, 19..., to 11/13/48, 19...; that I last saw him alive on 11/13/48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	1 day
Due to:	
Due to:	
Other conditions: Fracture rt. femur. (Include pregnancy within 3 months of death)	11 days

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): Accident
(b) Date of occurrence: 11/4/48
(c) Where did injury occur? St. Joseph, (City or town) Buchanan (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place) While at work? no (e) Means of injury: Fall
23. Signature: E. L. Grant (M. D.) Address: 1302 Faraon Street Date signed: 11/16/48
St. Joseph 59, Mo.

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Back Side)

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

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 Danny O. Becker Registered Apprentice No. 287 working under my personal supervision.

Signed William Gaulding

Licensed Embalmer No. 4535

P. O. Address 3195 11th St. Joe

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.