

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge</u>		d. STREET ADDRESS (If rural, give location) <u>1200 WITHOMAN</u>	
3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>R.</u> c. (Last) <u>Hunter</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 13. 1950</u>	
5. SEX <u>MO</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>OCT. 24, 1857</u>
9. AGE (In years last birthday) <u>93</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired farmer</u>	11. BIRTHPLACE (State or foreign country) <u>LAWRENCE, MASS.</u>
12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>WILLIAM HUNTER</u>	
13b. MOTHER'S MAIDEN NAME <u>MARGARET ?</u>		14. NAME OF HUSBAND OR WIFE <u>IDA HUNTER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS IDA GROVE HUNTER</u>		ADDRESS <u>5250 S. 25th</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral concussion</u> DUE TO (c) <u>Chronic nephritis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>	
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>SPRINGFIELD GREENE MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-31-49 7P.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Struck by automobile 133</u>	
22. I hereby certify that I attended the deceased from <u>31 Dec</u> , 19 <u>49</u> , to <u>13 Jan</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>13 Jan</u> , 19 <u>50</u> , and that death occurred at <u>8:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Robert W. Maker, M.D.</u>		23b. ADDRESS <u>Med Arts Bldg</u>	23c. DATE SIGNED <u>14 Jan 50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>1-15-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GRACE LAND CEM</u>	24d. LOCATION (City, town, or county) (State) <u>MITCHELL S. DAKOTA</u>
DATE REC'D BY LOCAL REG. <u>1-16-50</u>	REGISTRAR'S SIGNATURE <u>W.F. Handley MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>ALMA LORNEY PR-FUNERAL HOME</u>	

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

B396
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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.....

....., Student Embalmer No.

working under my personal supervision.

Signed Lee Mason.....

Signed.....

Student Embalmer

Licensed Embalmer No. 4568.....

P. O. Address Springfield, 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.