

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 24 1939

Registration District No. 397

Primary Registration District No. 5488

Registrar's No.

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Clinton (Rural)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 11 yrs  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME Anna A Hunt 530  
3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife R. H. Hunt  
6. (c) Age of husband or wife if alive 7 years  
7. Birth date of deceased aug 7 1899  
(Month) (Day) (Year)

8. AGE: Years 60 Months 1 Days 26 If less than one day  
hr. min.

9. Birthplace Calhoun Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER  
12. Name N. E. Parker  
13. Birthplace Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Judeth Pittus  
15. Birthplace Johnson Co, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Kate Allen  
(b) Address Green Ridge

17. (a) Burial (b) Date thereof Oct. 6-39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation mt. Olivet

18. (a) Signature of funeral director Fred W. Wilkerson  
(b) Address Clinton Mo

19. (a) 10-30-39 (b) Dr. J. R. Hampton  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Clinton - Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5<sup>th</sup>  
year 1939 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from May 1939 to Oct 5 1939  
that I last saw her alive on Sept 1 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach  
Duration 6 months

Due to  
Due to 40

Other conditions Diabetes mellitus  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations  
Of autopsy  
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) No  
(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?  
No

(Specify type of place) While at work? (e) Means of injury

23. Signature S. B. Hughes (M. D. or other)  
Address Clinton Mo Date signed 10/14/39

RECEIVED

District Health Officer No. 7,

District File Number 11-39-1574

Date Filed 11-6-39

**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 \_\_\_\_\_

Licensed Embalmer No. 2478

P. O. Address Clunoy, Md

**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, above space should be left blank.