

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15284

State File No. _____

FILED MAY 8 1944

Registration District No. 2336

Primary Registration District No. 4352

Registrar's No. 20

1. PLACE OF DEATH:

- (a) County MORGAN
(b) City or town VERSAILLES MO
(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)
In this community 90 YEARS years, months or days

3. (a) PRINT FULL NAME DORA A. HUNTER

3. (b) If veteran, _____ 3. (c) Social Security
name war _____ No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife THOS. HUNTER 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased APRIL 20 1850
(Month) (Day) (Year)

8. AGE: Years 93 Months 11 Days 12 If less than one day
hr. _____ min. _____

9. Birthplace Ind - (STATE) 1
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business HOME

12. Name JAMES RODGERS
13. Birthplace IND
(City, town, or county) (State or foreign country)

14. Maiden name MARY SEALS
15. Birthplace IND
(City, town, or county) (State or foreign country)

16. (a) Informant C.D. Hunter

- (b) Address Versailles Mo

17. (a) BURIAL (b) Date thereof 4-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation FREEDOM CEMETERY

18. (a) Signature of funeral director W.F. 7 Hunter

- (b) Address Versailles Missouri

19. (a) 4-5-1944 (b) Roy Berkstresser
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MISSOURI (b) County MORGAN
(c) City or town VERSAILLES MO
(If outside city or town limits, write "RURAL")

- (d) Street No. _____ (If rural, give location)

- (e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 15
year 1944 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from Mar 15 1944 to Apr 1 1944
that I last saw her alive on Apr 1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death arterial sclerosis 4 yrs

Due to _____

Due to SenilityOther conditions 97
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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?

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

23. Signature A. J. Sumner (M. D. or other)
Address Versailles Mo Date signed 4/3/44

RECEIVED

District Health Officer No. 7,

District File Number 4-44-601

Date Filed 5-6-44

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

W. F. Thumell

Licensed Embalmer No.

1596

P. O. Address

Wassell 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.