

FILED AUG 7 1946

Registration District No. **137**

Primary Registration District No. **3023**

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

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home, 823 E. Franklin St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Home
In this community 64 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry **42**
(c) City or town Clinton **2**
(If outside city or town limits, write "RURAL")
(d) Street No. 823 E. Franklin St 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BEADON, JOHN, HWNT

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

69(b) Name of husband or wife Sabrina Hunt 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased April 8 1847
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>3</u>	<u>23</u>	hr. min.

9. Birthplace Bridgewater England
(City, town, or county) (State or foreign country)

10. Usual occupation meat sawer

11. Industry or business

12. Name John K. Hunt

13. Birthplace Bridgewater England
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Boyer

15. Birthplace Bridgewater England
(City, town, or county) (State or foreign country)

16. (a) Informant Edward H Hunt

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 8-3-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Connelley + Pack

(b) Address Clinton Mo

19. (a) 8-2-46 (b) H R Kerney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31
year 1946 hour 10 minute 30 AM

21. I hereby certify that I attended the deceased from April 12 1945 to July 31 1946
that I last saw him alive on July 31 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Perforated gastric ulcer Duration 5 day
Ductal ulcer 65 year

Due to no
Due to no
Other conditions (Include pregnancy within 3 months of death) no

Major findings: Of operations no **153** ✓
Of autopsy no

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

23. Signature S B Kerney (M. D. or other) no
Address Clinton Mo Date signed 8-2-46

RECEIVED

Director of Health Officer No. 7,
Illinois Department of Health, Chicago, Illinois
Date Filed 7-16-78
8-5-86

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 R. B. Kenney

Licensed Embalmer No. 3099

P. O. Address. Clinton 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.