

FILED DEC 14 1942

Registration District No.

Primary Registration District No. 3011

Registrar's No. 137

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

17
1
1

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Bales Hospital.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

In this community 50 Yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 17

(a) State Mo (b) County Carroll

(c) City or town Carrollton
(If outside city or town limits, write "RURAL")

(d) Street No. 406 East Benton St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Amanda M. Hunter.

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12
year 1942 hour 11 minute 20 M.

21. I hereby certify that I attended the deceased from 10-13-42
19... to 11-12 1942

that I last saw h. er alive on 11-12 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife J.C. Hunter

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Sept. 9 1847
(Month) (Day) (Year)

Immediate cause of death.....
Uremia

Duration 3 days

Due to.....

Due to Erdetone Peal - left femur 10-12-42 13 days

Other conditions Senility age 95

8. AGE: Years Months Days If less than one day

95 2 4 hr. min.

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

10. Usual occupation House Wife

11. Industry or business.....

12. Name Richard Pritchett.

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

14. Maiden name Lydia Jordan.

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

16. (a) Informant Mrs Carrie Perfect.

(b) Address Colorado Springs Colo.

17. (a) Removal (b) Date thereof Nov. 14, 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Norton Kansas

18. (a) Signature of funeral director Willis-Marshall

(b) Address Carrollton Mo.

19. (a) 11-13-1942 (b) Mrs. James Rafferty
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations.....

Of autopsy.....

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) 017

(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 Everett V. ... (M. D. or other) 202

Address Carrollton Mo Date signed 11-12-42

1053

RECEIVED

District Health Officer No. 8;

District File Number -----

Date Filed 12-10-42

N. S. V
-MO-

HEAL B. ...

AMK-JV-V-F

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 myself,
-----, Registered Apprentice No. -----
working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2025

P. O. Address Carrollton 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.

5-36848