

No. 2
A-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41736

FILED DEC 24 1946

State File No. _____

Registration District No. 296

Primary Registration District No. 4445

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Ray

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

(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 _____
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray

(c) City or town Orriek
(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 _____

3. (a) PRINT FULL NAME FORREST I. HUNT

3. (b) If veteran, name was World War #1

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Marie Hunt

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased March 31 1890
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
year 1946 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from 11-2- 1942, to 12-2- 1946
that I last saw him alive on 12-2- 1946
and that death occurred on the date and hour stated above.

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

56 8 1 hr. min.

Immediate cause of death Chronic myocarditis Duration 1 yr

Due to chronic interstitial nephritis 2 yr

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

MOTHER FATHER

11. Industry or business _____

12. Name William Hunt

13. Birthplace Ray Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Marjette Clarkson

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

16. (a) Informant Marie Hunt

(b) Address Orriek, Mo.

17. (a) Burial (b) Date thereof 12-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ludlow

18. (a) Signature of funeral director B. W. Wood

(b) Address Orriek, Mo.

19. (a) 173-46 (b) Allen J. Arken
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy 131P

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) _____

(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 Vigil E. Shale (M. D. or other) _____

Address Orriek, Mo. Date signed Dec 24 1946

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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Health Officer No. 8,

State No. _____

Filed 12-21-46

ECB 20 1947

DEC 30 1946

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 _____

working under my personal supervision.

Self

_____, Registered Apprentice No. _____

Signed _____

Victor E. Linniger

Licensed Embalmer No. 2896

P. O. Address Liberty, Ma.

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.