

BUREAU OF THE CENSUS
FILED AUG 11 1942

Registration District No. 26-10

Primary Registration District No. 3002

Registrar's No. 104

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

4
1
2

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Mexico, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether)
In this community 3 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0
(c) City or town Wellsville (If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 1
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Margorie Ann Hunter

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

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased July 8 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 3 If less than one day hr. _____ min. _____

9. Birthplace Mexico, Mo (City, town, or county) (State or foreign country) 0

10. Usual occupation None

11. Industry or business _____

FATHER { 12. Name Jesse Worland Hunter

18. Birthplace Montgomery City, Mo (City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Elizabeth Jane Hightower

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

16. (a) Informant Mrs. Carl Hightower
(b) Address Wellsville, Mo

17. (a) Burial (b) Date thereof 7/11/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellsville, Mo

18. (a) Signature of funeral director E. B. Kelle
(b) Address Wellsville, Mo
19. (a) July 16 42 (b) Margaret H Hunter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1942 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 8, 1942, to July 10, 1942
that I last saw her alive on July 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Atherosclerosis
Duration 3 days

Due to _____

Due to _____

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

Major findings: Of operations 161a

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 ix

23. Signature H. J. Heskem (M. D. or other) MD

Address Mexico, Mo Date signed 7/10/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

1011

RECEIVED

District Health Officer No. 10

District File Number 8-42-1551

Date Filed AUG 11 1942

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.....

P. O. Address.....

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.