S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 5 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35299

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 104

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Louisiana (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mineral Springs Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days; In this community Lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pike
(c) City or town: ~~Louisiana~~ (If outside city or town limits, write "RURAL")
(d) Street No.: 614 Kentucky St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: WILLIAM FRANKLIN HUNTER
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: May Hickman Smith
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: NOV. (Month) 20 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
70	10	14	hr. min.

9. Birthplace: Pike Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Retired Farmer

FATHER
12. Name: Frank Hunter
13. Birthplace: Pike Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Clara Price
15. Birthplace: Pike Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Helen Parsons
(b) Address: Louisiana, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/5/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Riverview Cem.
18. (a) Signature of funeral director: Garner & Sterne
(b) Address: Louisiana, Missouri
19. (a) 10-5-47 (Date received local registrar) (b) Bernice Collier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4 year 1947 hour 12 minute 45 A.M.
21. I hereby certify that I attended the deceased from Sept. 16th 1947 to October 4th 1947 that I last saw him alive on October 4th 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremia fever	3 wks
Due to acute prostatitis	3 wks
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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

23. Signature: [illegible] M.D.
Address: Louisiana Date signed Oct 5 1947

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 11-47-1221
NOV - 4 1947
Date Filed

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

Virginia M. Stern, Registered Apprentice No. 491,

working under my personal supervision.

Signed Harold F. Garner

Licensed Embalmer No. 3720

P. O. Address Tonawanda N.

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.