JAN 16 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

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Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 2/1 Registration District No. 403
(b) Township ~~Raytown~~ Brooking Primary Registration District No. 5557 Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 68 yrs. 1 mos. 8 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Hussey
(a) Residence, No. Raytown Jackson County St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 6 1870.
7. AGE: YEARS 68 MONTHS 1 DAYS 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Raytown Mo.

FATHER
13. NAME: Daniel Hussey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wilshire County England

MOTHER
15. MAIDEN NAME: Mary Hartlock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gosport Indiana

17. INFORMANT (ADDRESS): Samuel Hussey Raytown Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ in Brookings Cemetery
PLACE Raytown Mo. DATE Dec 16, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): E. Clark Hegerty Raytown Mo.
20. FILED 12/16 1938 D. M. Eubank Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-14, 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1938, to Dec 14, 1938
I last saw him alive on Dec 13, 1938. Death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1-1-36

Other contributory causes of importance: 92C

Name of operation: None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) D. M. Eubank, M. D.
(Address) Raytown, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X14028

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.