

JUL 17 1939

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

21725
Do not use this space.

1. PLACE OF DEATH

(a) County Camden 2 Registration District No. 117
(b) Township Page 1 Primary Registration District No. 5167
(c) City Linn Creek (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Willie Madison Hudleston
(a) Residence, No. Linn Creek, Mo. St. (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) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29 - 1893
7. AGE YEARS 45 MONTHS 10 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.
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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co. Mo.

13. NAME William Carroll Hudleston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co. Mo.

15. MAIDEN NAME Mary Francis Blankinship

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co. Mo.

17. INFORMANT (ADDRESS) Mary Blankinship Linn Creek, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Freedom Cem. DATE May 5 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bankson-Woolery Camden, Mo.

20. FILED _____ 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:00 p.m. The principal cause of death and related causes of importance were as follows:

acute myocardial failure
11 W
Other contributory causes of importance: Influenza Pneumonia
5-1-39

Name of operation _____ Date of _____
What test confirmed diagnosis physical examination were an autopsy?

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) A. D. Deiberger M.D.
(Address) Camden, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 7^b

District File Number 7-39-1020

Date Filed 7-13-39

RECEIVED
DISTRICT HEALTH OFFICER
NO. 7

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 Abbie Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Camdenton, 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

21725-
Do not use this space.

1. PLACE OF DEATH

(a) County Camden Registration District No. 117
 (b) Township Osage Primary Registration District No. 5167 Registered No.
 (c) City (d) Street No.
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Willis Madison Huddleston

(a) Residence, No. Linn creek St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine Slater Huddleston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-29-1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 10 5

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Mo

13. NAME Wm Casroll Huddleston

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Mary Frances Blumenship

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mary Blumenship
Linn creek Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Freedom DATE 5-5-39

19. FUNERAL DIRECTOR (ADDRESS) Bartagon Hoxley
Camden Mo

20. FILED 7/31 1939 Jessie Miller Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-4 1939

22. I HEREBY CERTIFY, That I attended deceased from to
 I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 3-7 p.m.
 The principal cause of death and related causes of importance were as follows:

acute myocardial failure Date of onset

Other contributory causes of importance: Influenza Pneumonia

Name of operation Physical Examination Date of operation
 What test confirmed diagnosis? Physical Examination Was there an autopsy? no

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?

If so, specify (Signed) A. D. Atterberry M. D.
Camden Mo. (Address)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 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.

