

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

32739
 Do not use this space.

REC'D SEP 30 1939

1. PLACE OF DEATH
 (a) County Jefferson Registration District No. 425
 (b) Township Edwame Primary Registration District No. 5580
 (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 40 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Mary C. Huzel (one Chatt)
 (a) Residence, No. Near House Springs Jefferson Co Mo 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Huzel
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12 - 1878
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 9 6
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. own home
 10. Date deceased last worked at this occupation (month and year) Aug. 11 - 1939 11. Total time (years) spent in this occupation 4 1/2 years
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rock Creek Mo
 FATHER 13. NAME John Chatt
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rock Creek Mo
 MOTHER 15. MAIDEN NAME Cinnie Neauber
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rock Creek Mo
 17. INFORMANT Albert Huzel
 (ADDRESS) House Springs Mo RR#1
 18. BURIAL, CREMATION, OR REMOVAL Aug
 PLACE House Springs DATE Nov 21 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) John H. Brimmer
House Springs Mo
 20. FILED 24 Aug 39 John A. Downes
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 1939
 22. I HEREBY CERTIFY, That I attended deceased from saw her last breath, 19...
 I last saw her alive on Aug 17, 1939. Death is said to have occurred on the date stated above, at 9:45 A.M.
 The principal cause of death and related causes of importance were as follows:
Influenza of
Stomach & Bowels Date of onset aug 12
 Other contributory causes of importance: 11 lb
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no
 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) W. W. Hull M. D.
 (Address) Sulphur Springs, Mo.

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.

WHILE I LAUREL, WITH UNFADING INTEGRITY IS A PERMANENT RECORD

1 x16405

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.....

John H. Brunner

Licensed Embalmer No. *1470*

P. O. Address *House Springs, 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.