S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15776

MAY 17 1940

Registration District No. 668 — Primary Registration District No. 5'8 5 9 — Registrar's No. 163

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Rural. Sedalia township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. R. H. D. No 5 Sedalia Mo
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mrs. Myrtie Dou Huseman 255

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Wm. Henry Huseman

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

7. Birth date of deceased July 7, 1878 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	8	26	hr. min.

9. Birthplace Walnut, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Cashner
13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Kathryn Eckert
15. Birthplace Mendota, Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Earl Jackson

(b) Address Route 5, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Lime Springs Iowa

18. (a) Signature of funeral director Duane Ewing

(b) Address Sedalia, Missouri

19. (a) 6/1/40 (Date received local registrar) (b) Mrs. Harry Sneed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1940 hour 9:30 minute a M.

21. I hereby certify that I attended the deceased from Feb. 20, 1940, to April 30, 1940, that I last saw her alive on April 30, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage (apoplexy Right side)

Due to arteriosclerosis

Due to 50

Other conditions Operation May 1934 Carcinoma of Cervix
(Include pregnancy within 3 months of death)
Gland Metastases, Lungs + Sternum

Major findings:
Of operations none done in last ultimate

Of autopsy not made

Duration: April 28 1940 — 2 mo — Ken

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) none

(b) Date of occurrence none

(c) Where did injury occur? none (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)

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While at work? none (e) Means of injury none

23. Signature Chas. [illegible] (M. D. or other)

Address 1112 W. [illegible] Sedalia Mo Date signed May 7 1940

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number

Date Filed 5-15-40

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 Duane Ewing

Licensed Embalmer No. 8 8407

P. O. Address Sedalia 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.