

APRIL MAY 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15817

State File No. \_\_\_\_\_

Registration District No. 696

Primary Registration District No. 5924

Registrar's No. 9

1. PLACE OF DEATH:

(a) County PLATTE  
 (b) City or town RURAL - CARROLL  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3 miles west of Smithville  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days)  
 In this community 55 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PLATTE  
 (c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3 miles west of Smithville  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 4<sup>th</sup>  
 year 1940 hour 6:00 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from  
Dec, 1939, to 4-4, 1940  
 that I last saw her alive on 3-16, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Disease  
 Due to hypertension  
 Due to arteriosclerosis

Other conditions none  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy none

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 Leonard Dixon (M. D. or other) \_\_\_\_\_  
 Address Smithville Mo Date signed 4-5-40

8. (a) PRINT FULL NAME EDNA ELIZABETH HUSTUS

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Edgar Hustus 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased October 20 1868  
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace HONELL County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business SAME

12. Name JAMES VICK

18. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

14. Maiden name SARAH BRADSHAW

15. Birthplace UNKNOWN  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. HARRY SWANEY

(b) Address SMITHVILLE, MISSOURI

17. (a) BURIAL (b) Date thereof APR. 7, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithville, Missouri

18. (a) Signature of funeral director McCOMAS MORTUARY

(b) Address Smithville, Missouri

19. (a) 4-10-1940 (b) Thos Francis Murray  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

94B

RECEIVED  
District Health Officer No. 11,  
District File Number 540-656  
Date Filed MAY 7 1940

JUN 28 1948

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 Owen Boggs  
Licensed Embalmer No. 3940  
P. O. Address Smithville, 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.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 15819

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 690

Primary Registration District No. 2924

Registrar's No.

1. PLACE OF DEATH:

(a) County Platte  
(b) City or town Carroll T.P.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(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 \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(If outside city or town limits write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

Edna Elizabeth Justus

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex 7 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive \_\_\_\_\_ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 18 If less than one day \_\_\_\_\_ min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name (City, town, or county) (State or foreign country)

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month apr day 4 year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Disease  
Hypertension

Due to arteriosclerosis  
Chronic Interstitial

Other conditions nephritis  
(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?

While at work?

(Specify type of place)

(b) Means of injury

23. Signature Leonard Dixon (M. D. or other)

Address Smithville Mo Date signed \_\_\_\_\_

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

SUPPLEMENTARY

