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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. 39389

Registration District No. 625 — Primary Registration District No. 3031 — Registrar's No. 133

FILED DEC 11 1940

1. PLACE OF DEATH

(a) County Nodaway

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

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

(d) Length of stay: In hospital or institution 18 days (Specify whether

In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry

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

(d) Street No. 0 5 mi. northwest (If rural, give location)

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

3. (a) PRINT FULL NAME Myrtle Dorman Huckelberry

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Silas W. Huckelberry 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Oct. 17, 1876 (Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 16 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name George M. Wright

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

14. Maiden name Louisa Leah Turkey

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

16. (a) Informant Silas W. Huckelberry,

(b) Address Stanberry, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Oct. 5, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville, Mo.

19. (a) Oct 4-40 (Date received local registrar) (b) Mamie E Clardy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3 year 40 hour 6 minute P M.

21. I hereby certify that I attended the deceased from July 10, 1940, to Oct 3, 1940; that I last saw her alive on 10-3-40, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis from Ruptured appendix Acute Cholecystitis with Lethalkosis

Due to Acute Superative Parotitis

Due to

Other conditions Operation 9-25-40 drainage (Include pregnancy within 3 months of death)

Major findings: Of operations Peritonitis acute appendicitis acute Cholecystitis acute Parotitis

Of autopsy

Duration

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? 556 (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Conception Junct Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

SEP 4 1945

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 Glenn M Price

Licensed Embalmer No. 1822

P. O. Address Mayville N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.