

No. 2
-13-40
-17-39
X23189

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1064
Registrar's No. 24

Registration District No. 399 Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 3211 Peary
(d) Length of stay: In hospital or institution 1
In this community 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3211 Peary ave
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Eugene Florence Husted

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jun day 3
year 1941 hour 2 minute 0 M.

3. (b) If veteran, name war No 3. (c) Social Security No. No

21. I hereby certify that I attended the deceased from Aug, 1941, to _____, 19____; that I last saw her alive on 1-3, 1941; and that death occurred on the date and hour stated above.

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

Immediate cause of death Carcinoma of Right Breast

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 26 - 1891

Due to Abdominal Metastasis

8. AGE: Years 49 Months 4 Days 29 If less than one day _____ hr. _____ min.

Due to _____

9. Birthplace 1 Oregon

Other conditions 49.0

10. Usual occupation Home Keeper

Major findings: _____

11. Industry or business _____

Of operations _____

12. Name M. Husted

Of autopsy No

13. Birthplace Ohio Ohio

14. Maiden name Emma C. Sullivan

15. Birthplace Mo. D

16. (a) Informant Mrs. E. C. Sullivan

17. (a) Oscola (b) Date thereof 1-5-41

18. (a) Signature of funeral director Ed Husted

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Edward C. Sullivan (M. D. or other) _____
Address 4121 College Date signed 1-2-41

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.