

No. 2
1-13-40
-17-39
X23159

FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3651

State File No.

Registration District No. 625

Primary Registration District No. 5827

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County. NODAWAY

(b) City or town. Maryville Mo Rural
(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. 1
(Specify whether years, months or days)

In this community. one year

2. USUAL RESIDENCE OF DECEASED: 74

(a) State. Missouri (b) County. Nodaway

(c) City or town. Maryville Mo. Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 5 mi south of Maryville
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME. Charles Anderson Huckelberry

3. (b) If veteran, name war. no

3. (c) Social Security No. no

4. Sex. Male

5. Color or race. White

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

6. (b) Name of husband or wife. Margaret E. Huckelberry

6. (c) Age of husband or wife if alive. 15 years

7. Birth date of deceased. Oct - 15 - 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 0

If less than one day hr. min.

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

10. Usual occupation. Farmer

11. Industry or business

MOTHER FATHER

12. Name. George Huckelberry

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

14. Maiden name. unknown

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

16. (a) Informant. Mr J. E. Huckelberry

(b) Address. Maryville Mo R.F.D. 1

17. (a) Groves (b) Date thereof. Jan-17-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Groves Cemetery

18. (a) Signature of funeral director. J. Fred Terburn

(b) Address. Savannah Mo

19. (a) 1 - 15 - 41 (b) Mamma E. Clardy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 15
year 1941 hour 6 minute 8 M.

21. I hereby certify that I attended the deceased from 1-13-41
1-15 1941, to 1-15 1941;
that I last saw him alive on 1-14 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

① Chc Myocarditis

② Fracture left humerus

Due to Caused by falling on floor

③ Senility

Due to

Other conditions. General Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: 10/6/41

Of operations 10/6/41

Of autopsy 10/6/41

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). fell down on floor

(b) Date of occurrence. 1-13-41 74

(c) Where did injury occur? In house
(City or town) (County) (State)

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

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

23. Signature. J. E. Clardy (M. D. or other) 9

Address. Maryville Date signed

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

J. Fred Terbune

Licensed Embalmer No. *1279*

P. O. Address *Savannah, 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, fact should be so stated above.