

No. 2
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17-39
X22159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FEB 25 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3664

State File No.

Registration District No. 636

Primary Registration District No. 626 5843

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Woodside Twsp.
(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 6 years
In this community 6 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Hettie Anthony Huddleston

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 Married

6. (b) Name of husband or wife Wm. Robert Huddleston 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Aug. 7 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	48	4	9	hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Childers

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

14. Maiden name Mary Gossett

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

16. (a) Informant Wm. Robert Huddleston

(b) Address Alton, Missouri

17. (a) Burial (b) Date thereof 12/28/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bailey Cem.

18. (a) Signature of funeral director Thayer, Mo. 5/16

(b) Address _____
19. (a) _____ (b) Emmett Bailey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A? 6 yrs years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16
year 1940 hour 3:00 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from Stated here
in 1939 to in Aug. 1940
that I last saw her alive on in Aug. 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure
Due to Organic Heart trouble Angiostenosis
Due to Valvular Heart trouble

Due to faty Heart

Other conditions 95C
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy _____

Duration
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?
Home on farm
While at work? no (Specify type of place) (e) Means of injury _____

23. Signature J.P. Karent (M. D. certifier) _____
Address Alton Mo Date signed 12/21/40

RECEIVED

District Health Officer No. 5,

District File Number 241167

Date Filed _____

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.