No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 28 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11544

Registration District No. 632 | Primary Registration District No. 4382 | Registrar's No. 16

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

1. PLACE OF DEATH:
(a) County: Oregon
(b) City or town: Thayer
(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 years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Oregon
(c) City or town: Thayer
(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.? ____ years.

75
1
0

3. (a) PRINT FULL NAME: Ethel Delia 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: Divorced
6. (b) Name of husband or wife: Herbert B. Huddleston
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: April (Month) 10 (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
48	11	20	____ hr. ____ min.

9. Birthplace: Thayer (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Clerk
11. Industry or business: Telephone Co.
MOTHER FATHER
12. Name: James L. Allen
13. Birthplace: Oregon County (City, town, or county) Missouri (State or foreign country) 0
14. Maiden name: Florence Gladdin
15. Birthplace: Oregon County (City, town, or county) Missouri (State or foreign country) 0
16. (a) Informant: Bert McNeeley
(b) Address: Thayer, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Thayer, Mo.
18. (a) Signature of funeral director: Leo Clark
(b) Address: Thayer, Mo. 562
19. (a) April 8, 1941 (Date received local registrar) (b) Lola E. Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1941 hour 12 minute 40 P. M.
21. I hereby certify that I attended the deceased from March 1st, 1941, to March 30, 1941, that I last saw her alive on March 29, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia following Pyelonephritis
Due to: Tuberculosis (Acute case)
Due to ____
Other conditions (Include pregnancy within 3 months of death) ____
Major findings: Of operations ____ 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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature: W. Cooper M.D. (M. D. or other) M.D.
Address: Thayer, Mo. Date signed 4-8-40

(Licensed Embalmer's Statement on Reverse Side)

Cooper

RECEIVED
District Health Officer No. 5,
District File Number 441500
Date Filed

JUN 4 1949

MAR 21 1949

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 Leo Carr

Licensed Embalmer No. 2852

P. O. Address Thayer Mo.

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

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