

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 23 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14301

State File No. _____

Registration District No. 204

Primary Registration District No. 3013

Registrar's No. 14

1. PLACE OF DEATH:
 (a) County Clinton
 (b) City or town Cameron
(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)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Clinton
 (c) City or town Cameron
(If outside city or town limits, write "RURAL")
 (d) Street No. North Harris
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME LESTER PLATT HUSTED

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emaline 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased April 29, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>11</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace Astoria, OR 1 III
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name Lester Husted,

13. Birthplace Unknown 1 III
(City, town, or county) (State or foreign country)

14. Maiden name Hanna Merrill,

15. Birthplace Unknown 1 III
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emaline Husted
(b) Address Cameron, Mo.

17. (a) Burial (b) Date thereof April 20, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation Graceland Cem. Cameron Mo.

18. (a) Signature of funeral director _____
(b) Address Cameron, Mo.

19. (a) Apr. 19, 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18th
year 1941 hour 12 minute 5 A M.

21. I hereby certify that I attended the deceased from April 17, 1941, to April 18, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 1 da

Due to _____

Due to 44 B

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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? _____

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

23. Signature [Signature] (M. D. or other) [Signature]
Address Cameron, Mo. Date signed 4/18/41

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

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. *1180*

P. O. Address. *Cameron, N.C.*

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.