

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

4
1
2

FILED JUL 14 1941
26

1. PLACE OF DEATH: Andraim
 (a) County Mexico MO
 (b) City or town Mineola
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Andraim Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 days
 (Specify whether years, months or days) 13 days

3. (a) PRINT FULL NAME HELEN Huddleston
 3. (b) If veteran, name war.
 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, single
 6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive, years none

7. Birth date of deceased March 29 1910
 (Month) (Day) (Year)

8. AGE: Years 31 Months 2 Days 11 If less than one day hr. min.

9. Birthplace St Louis MO 0
 (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER
 12. Name Noah Huddleston
 13. Birthplace unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Mona Carvan
 15. Birthplace Montgomery Co MO
 (City, town, or county) (State or foreign country)

16. (a) Informant Mona Huddleston

(b) Address Mineola MO

17. (a) removal (b) Date thereof 6-9-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery City MO

18. (a) Signature of funeral director J. Maslar 23
 (b) Address Montgomery City MO
 19. (a) June 9-1941 (b) Blanchet Neely
 (Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Montgomery 70
 (c) City or town Mineola 13
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1
 (If rural, give location)
 (e) If foreign born, how long in U. S. A?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1941 hour 12 minute 30 P. M.
 21. I hereby certify that I attended the deceased from May 26, 1941, to June 9, 1941;
 that I last saw her alive on June 9, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism

Due to Operated May 28 1941 for large ovarian cyst
 Due to 5/6

Other conditions (Include pregnancy within 3 months of death) 5/6

Major findings: Ovarian Cyst
 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?

(e) Signature Frank Jolley (M. D. or other) 13
 Address Mineola MO Date signed 6/9/41

RECEIVED

District Health Officer No. 10

District File Number 7-41-1255

Date Filed JUL 10 1941

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.....

Joseph A. Marlow

Licensed Embalmer No.....

3658

P. O. Address.....

Wentzney City

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.