No. 2
11-10-39
5-17-39
1 X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31837

Registration District No. 420 Primary Registration District No. 3022 Registrar's No. 55

1. PLACE OF DEATH:

(a) County Jefferson Valle Township

(b) City or town De Soto Dist (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 219 Williams St. 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 74 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Co. 50

(c) City or town De Soto Mo 2 (If outside city or town limits, write "RURAL") 2

(d) Street No. 219 Williams (If rural, give location) 0

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

3. (a) PRINT FULL NAME Millard Fillmore Husky

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband~~ or wife Lucy Elizabeth Husky

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

7. Birth date of deceased April (Month) 14 (Day) 1867 (Year)

8. AGE: Years 74 Months 4 Days 11 If less than one day hr. min.

9. Birthplace Hematite (City, town, or county) Mo (State or foreign country)

10. Usual occupation Retired Carpenter

11. Industry or business

FATHER
12. Name James Husky
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Williams
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Ella Husky

(b) Address De Soto

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Ware Mo.

18. (a) Signature of funeral director Donald B. Dietrich

(b) Address De Soto Mo

19. (a) 9-5-41 (Date received local registrar) (b) Fern Spencer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25 year 1941 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from August 11th, 1941, to Aug - 26, 1941; that I last saw him alive on Aug - 25 - 1, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	24 days
Due to	
Due to	
Other conditions Arteriosclerosis - not known (Include pregnancy within 3 months of death)	

Major findings:
Of operations 830
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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Walter E. Gibson (M. D. or other)

Address De Soto Mo Date signed 8-26-41

(Licensed Embalmer's Statement on Reverse Side)

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 Francis R. Dietrich, Registered Apprentice No. 258, working under my personal supervision.

Signed Gerrell B. Dietrich

Licensed Embalmer No. 4/07

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, above space should be left blank.