

FILED MAY 18 1942

Registration District No. _____

Primary Registration District No. 5689

Registrar's No. 31

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town Anderson Rural
(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 _____
In this community 4 1/2 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 1/2 miles South west
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

3. (a) PRINT FULL NAME LENORA I. HUSTON

8. (b) If veteran, name war none 8. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Scott Huston 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased June 22 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Fort Morgan Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business none

MOTHER FATHER { 12. Name Ed Poor
13. Birthplace S. Carolina
(City, town, or county) (State or foreign country)

{ 14. Maiden name Elizabeth Davis
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant L. B. Lambert
(b) Address Anderson, Mo.

17. (a) Burial (b) Date thereof 4 21 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anderson Cemetery

18. (a) Signature of funeral director Richard E. Cleahan

(b) Address Anderson Mo.

19. (a) 4-21-42 (b) W. W. Mitchell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1942 hour 3 minute 35 M.

21. I hereby certify that I attended the deceased from April 13 to April 20, 1942, that I last saw her alive on April 18, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis

Due to _____
Due to _____

Other conditions (Include pregnancy within 5 months of death) 1318

Major findings: Of operations _____
Of autopsy _____

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) Means of injury _____

23. Signature S. B. Buel (M. D. or other) _____
Address Anderson, Mo. Date signed 4/26/42

Duration 7
Physician Law
Underline the cause to which death should be charged statistically.

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

708

RECEIVED

District Health Officer No. 6,

District File Number 542-733

Date Filed MAY 18 1942

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Richard E. Cleathorn

Licensed Embalmer No. 3819

P. O. Address Anderson, Mo.

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.