

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN - 8 1943

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 57

Primary Registration District No. 2009

Registrar's No. 47

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town JACKSON MO  
(If inside 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)  
In this community 5 mo 14 days years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
(c) City or town JACKSON (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME CAROLYN-SUE HUCKSTEP

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased JULY 2 1942 (Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months 5 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace JACKSON MO (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER: { 12. Name WILLIAM C. HUCKSTEP  
13. Birthplace CAPE MO (City, town, or county) (State or foreign country)  
14. Maiden name FANNIE M. PULLIATTI  
15. Birthplace CAPE MO (City, town, or county) (State or foreign country)

16. (a) Informant WM C. Huckstep  
(b) Address JACKSON MO

17. (a) BURIAL (b) Date thereof 12 17 1942 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation McGuire Cem.

18. (a) Signature of funeral director Wilson-Stater-Seabough  
(b) Address JACKSON MO

19. (a) 12/17/1942 (b) JWB Kuster (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16 year 1942 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 9 1942 to Dec 16 1942 that I last saw her alive on Dec 15 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Colitis Duration \_\_\_\_\_

Due to 119a  
Due to \_\_\_\_\_

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?

(Specify type of place) While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature W. T. Seabough (M.D. or other) \_\_\_\_\_  
Address JACKSON MO Date signed 12-17-42

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

RECEIVED

District Health Officer No. 4

District File Number 143-1621

Date 1-7-43

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 Glen Wilson

Licensed Embalmer No. 2828

P. O. Address JACKSON 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, fact should be so stated above.