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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1943

Registration District No. 1 82

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5595

State File No. 10619

Registrar's No. 6

1. PLACE OF DEATH:

(a) County JEFFERSON

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

(c) Name of hospital or institution: ROCK TOWNSHIP / NEAR BARNHART Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 23 YEARS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County JEFFERSON 5

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. ROCK TOWNSHIP. NEAR BARNHART Mo
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country — — — — — 0

3. (a) PRINT FULL NAME BERTHA HUCKY

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 SINGLE

6. (b) Name of husband or wife — — — —

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

7. Birth date of deceased JULY (Month) 7 (Day) 1862 (Year)

8. AGE: Years 80 Months 6 Days 24. If less than one day ..... hr. ..... min.

9. Birthplace BELLVILLE (City, town, or county) ILL. 1 (State or foreign country)

10. Usual occupation RETIRED

11. Industry or business

FATHER
12. Name JOHN HUCKY 5
13. Birthplace ALSACE LORRAINE (City, town, or county) FRANCE (State or foreign country)

MOTHER
14. Maiden name ELIZABETH VIEHMAN
15. Birthplace KASSEL (City, town, or county) GERMANY (State or foreign country) 4

16. (a) Informant MRS ELIZABETH LANGEHENNIG

(b) Address KIMMSWICK Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 4 - 1943 (Month) (Day) (Year)

(c) Place: burial or cremation HEILIGTAG FUNERAL HOME

18. (a) Signature of funeral director BURGESS CEM. ANTONIA Mo

(b) Address KIMMSWICK Mo.

19. (a) 2/2/43 (Date received local registrar) (b) C H Clement (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 1 year 1943 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 1942 to Feb 1 1943 that I last saw her alive on Feb 1 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Lobar Pneumonia Lower Lt	

Major findings:
Of operations
Of autopsy None

108

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

23. Signature O Reich (M. D. or other) MD.

Address Kimmswick Mo. Date signed 2/2/43

1249

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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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. Elmer H. Haligtag

Licensed Embalmer No. 3571

P. O. Address. Brunswick Me

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.