

V. S. No. 2
FORM-2-43
Rev. 5-1-41

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29221

FILED SEP 8 1943

State File No. _____

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 315

1. PLACE OF DEATH:

(a) County. St. Francois
(b) City or town. Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 month 17 day
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Ripley
(c) City or town. Naylor
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EUDIE (UDIE) WARD HUSON

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

4. Sex. Male 5. Color or race. W. 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife. Unknown Deceased. 6. (c) Age of husband or wife if alive. _____ years

7. Birth date of deceased. January 5, 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 7 10 hr. min.

9. Birthplace. Ripley Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation. Farmer

MOTHER FATHER

11. Industry or business _____
12. Name. John Wesley Huson
13. Birthplace. Ripley Co., Missouri
(City, town, or county) (State or foreign country)
14. Maiden name. Ernie Pariley Ward
15. Birthplace. Fairdealing Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant. Records State Hospital No. 4
(b) Address. Farmington, Missouri
17. (a) Burial (b) Date thereof. 8-18-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Naylor Cem., Naylor, Mo

18. (a) Signature of funeral director. Gish Funeral Home,
(b) Address. Naylor, Missouri

19. (a) Aug-21-1943 (b) Byrdie Burkmaster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 15
year 1943 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from
June 29, 1943 19 to August 15, 1943 19
that I last saw him alive on August 15, 1943 19
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral hemorrhage Duration _____

Due to. Electric Shock Treatment

Due to _____

Other conditions. gza!
(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) (Country) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) _____
(e) Means of injury _____

23. Signature. [Signature] (M. D. or other) [Signature]
Address. 408 W. Fourth Date signed 8-16-43

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

1196

SEP 8 10 43

RECEIVED..

District Health Officer No. 4
District File Number 943-2664
Date Filed 9-7-43

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 Bert J. Miller

Licensed Embalmer No. 3753

P. O. Address Framington, 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.