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S. No. 2
DM-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

LED NOV 12 1943
Registration District No. 756

Primary Registration District No. 2-00-15581

Registrar's No. 583

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Jasper Route 3
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Galena township
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Jasper Rt 3
(If outside city or town limits, write "RURAL")

(d) Street No. Galena township
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rachel Huddleston

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17th
year 1943 hour 4 minute 10 P. M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 2

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

7. Birth date of deceased apr 26 1904
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-14 1943, to 10/17 1943
that I last saw her alive on 10-17 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 39 Months 5 Days 21 If less than one day _____ hr. _____ min.

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

Immediate cause of death Pulmonary tuberculosis

Due to _____

Due to _____

Other conditions 13 P-1
(Include pregnancy within 3 months of death)

10. Usual occupation House work

11. Industry or business _____

12. Name of father Joseph Hulleger

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

14. Maiden name Mary Carter

15. Birthplace Kansas
(City, town, or county) (State or foreign country)

Major findings: 13 P-1

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Raymond Huddleston
(b) Address Rt 3 Box 188

17. (a) Burial (b) Date thereof 10 10 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carl Junction cem

18. (a) Signature of funeral director Thornhill Dyer
(b) Address 424 N. Wall St

19. (a) 10-19-43 (b) John D. Sushalter
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury _____

23. Signature W. H. ... (M. D. or other) _____
Address Jasper Mo Date signed 10/19/43

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

19
0
0

MOTHER FATHER

1207

43-10-915

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..... *David Dillon*

Licensed Embalmer No. *3898*

P. O. Address..... *Joplin, 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.