

FILED OCT 19 1943

Registration District No. 238

Primary Registration District No. 4355

Registrar's No. 53

1. PLACE OF DEATH:

(a) County New Madrid

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

(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No 1
(Specify whether years, months or days) about 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town New Madrid, Mo.
(If outside city or town limits, write "RURAL") 072

(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 CHARLES E. Huddelston

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27 year 1943 hour 1 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept 17 1943 to Sept 26 1943 that I last saw him alive on Sept 26 1943 and that death occurred on the date and hour stated above.

4. Sex MO

5. Color or race W

6. (a) Single, widowed, married, divorced 3

6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased: SEPT 17 - 1890
(Month) (Day) (Year)

Immediate cause of death Broncho Pneumonia Duration _____

8. AGE: Years 53 Months 0 Days 10 If less than one day hr _____ min _____

Due to _____

Due to _____

Other conditions (Includes pregnancy within 3 months of death) _____

9. Birthplace Anna Del
(City, town, or county) (State or foreign country)

10. Usual occupation none

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name W. B. Huddelston

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

14. Maiden name Margaret Smith

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

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 O. B. Chandler (M. D. or other) _____
Address New Madrid Mo Date signed 10/1/43

16. (a) Informant Vernon Huddelston

(b) Address New Madrid Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/29-43
(Month) (Day) (Year)

(c) Place: burial or cremation Evergreen

18. (a) Signature of funeral director Richards and Co

(b) Address New Madrid, Mo.

19. (a) Oct. 1, 1943 (b) Alice Spitzer
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Office No. 2,

District File Number 1043-276

Date Filed 10-11-43

DEC 5 1950

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 L. H. H. Smith

Licensed Embalmer No. 3823

P. O. Address New Market

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.