

FILED JAN 6 7 1948
Registration District No. _____

Primary Registration District No. 6264

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Webster
(b) City or town Rural Seymour Mo
(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 17 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 7 miles North East of Seymour
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Arch L. Huston

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

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

6. (b) Name of husband or wife Dollie Huston 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May 29 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 0 7 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business
12. Name Adison Huston

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

14. Maiden name Marie Kaiser

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

16. (a) Informant Dollie Huston

(b) Address Seymour Mo

17. (a) Burial (b) Date thereof Nov 9 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baronsdale Okla

18. (a) Signature of funeral director Kelley - Furrell

(b) Address Seymour Mo

19. (a) 11-9 43 (b) Robert Jones
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5
year 1948 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from January 8, 1943, to Nov 5, 1948 that I last saw him alive on Nov - 5, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Myo Cardial Degeneration Duration 1 yr.

Due to Pulmonary edema 4 days

Due to Aspiration

Other conditions (Include pregnancy within 3 months of death)

Major findings: 93d

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? _____

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

23. Signature J. K. Bell (M.D. or other) Dr.
Address Seymour, Mo Date signed 11/9/48

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

RECEIVED

District Health Officer No. 61

1243-1399

DEC. 31 1943

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 W. H. Kelley

Licensed Embalmer No. 33345

P. O. Address Peypour 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.