

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 3, 1944

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 224

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St Marys Hospital  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community 1 day (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson  
(c) City or town Olathe (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6 miles Northeast of Olathe  
in Oxford Twonship (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME Bertha Huston

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

4. Sex Female 5. Color or race White 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 November 26 1870  
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Spring Hill Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper  
11. Industry or business At Home

MOTHER FATHER  
12. Name Boyd Huston  
13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)  
14. Maiden name Clara Barnhouse  
15. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Huston

(b) Address Olathe (Rural) R F D Lenora #1

17. (a) Burial (b) Date thereof 1-17-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olathe Kansas

18. (a) Signature of funeral director H E Julien

(b) Address Olathe Kas

19. Jan 15, 1944 J B Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14  
year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1-13-44, 19\_\_\_\_, to 1-14-44, 19\_\_\_\_  
that I last saw her alive on 1-14-44, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial pneumonia

Due to Influenza

Due to 33

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy none  
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: C W Jones MD (M. D. REQUIRED)  
Address 133 E. Park, Olathe, Kans. Date signed 1-15-44

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

FEB 14 1949

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 *H. E. Julien*  
Licensed Embalmer No. *2042*  
P. O. Address *Osborne Kas*

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.