

FILED FEB 8 1944

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

Registration District No. 173

Primary Registration District No. 5291

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Liberty Rural  
 (b) City or town Liberty  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: None  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 66 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Clay  
 (c) City or town Liberty  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Rt 2  
 (If rural, give location)  
 (e) Citizen of foreign country?  (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ZARIUS W. HUNTINGTON

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Clara Howard Huntington 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: April 15 - 1859  
 (Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer + Stockman

11. Industry or business \_\_\_\_\_

12. Name Mrs. J. Huntington

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

14. Maiden name Mary Ann (State or foreign country)

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

16. (a) Informant Clara Huntington

(b) Address Rt 2 Liberty Mo

17. (a) Burial (b) Date thereof July 8 1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funerary Liberty Mo

18. (a) Signature of funeral director Clara - Archer Co.

(b) Address Liberty Mo

19. (a) Jan 6 - 44 (b) Helen Early  
 (Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6  
 year 1944 hour 11 minute 55 A.M.

21. I hereby certify that I attended the deceased from Aug 13 1943 to Jan 6 1944  
 that I last saw him alive on Jan 6 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Thrombosis Duration 10 da

Due to \_\_\_\_\_

Due to Arteriosclerosis Indy

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

Major findings: Of operations 83 f

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) (e) Means of injury 0

23. Signature H. H. Hudson (M. D. or other)

Address Liberty, Mo. Date signed 1-6-44

926

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

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 2-7-44

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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, 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.