

FILED FEB 14 1944

Registration District No.

Primary Registration District No. **4775**

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

1. PLACE OF DEATH:

(a) County **Holt**

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

(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.....
In this community **Lifetime** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Lucinda Huiatt**

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

4. Sex **Female** 5. Color of 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 **March 10 1901**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	02	9	20	hr. min.

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

10. Usual occupation **At Home**

11. Industry or business.....

MOTHER FATHER { 12. Name **Daniel Huiatt**

13. Birthplace **Indiana**
(State or foreign country)

14. Maiden name **Margie Keshworth**

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

16. (a) Informant **William Huiatt**

(b) Address **Oregon, Missouri**

17. (a) **Oregon, Missouri** (b) Date thereof **Jan. 9 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oregon, Missouri**

18. (a) Signature of funeral director **James H. Pettigrew**

(b) Address **Oregon Mo.**

19. (a) **1-9-44** (b) **Pauline Dawson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Holt**

(c) City or town **Oregon**
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **8**
year **1944** hour **1 AM** minute **-** M.

21. I hereby certify that I attended the deceased from **7 am**
4 1944, to **7 am** 1944
that I last saw h. **alive** on **7 am** 1944
and that death occurred on the date and hour stated above.

Immediate cause of death **griping**

Due to.....

Due to..... **33a**

Other conditions (Include pregnancy within 3 months of death).....

Major findings:
Of operations **none**

Of autopsy **none**

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? **not at**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature **E. F. Ramsey** (M. D. or other)
Address **Oregon Mo.** Date signed **1-8-44**

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.....

James W. Pittigahn
.....
Licensed Embalmer No. 3092
.....
P. O. Address Oregon 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.