No. 2
8-43
7-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16062

Registration District No. 365 — Primary Registration District No. 6239 — Registrar's No. 10

1. PLACE OF DEATH:

(a) County: Washington
(b) City or town: Rural; Bellevue Tiro
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 miles N.W. of Caledonia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community: life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 110

(a) State: Missouri (b) County: Washington 0
(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 4 miles N.W. of Caledonia
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME: "Infant" Huitt

3. (b) If veteran, name war: no
3. (c) Social Security No.: none

4. Sex: Fem.
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: March 27 (Month) 1944 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	0	20 hr. ____ min.

9. Birthplace: Caledonia (City, town, or county) Mo. (State or foreign country) 1
10. Usual occupation: none
11. Industry or business ____

FATHER
12. Name: Gladstone Huitt
13. Birthplace: Crawford County (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name: Birdie Moyer
15. Birthplace: Iron County (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant: Gladstone Huitt
(b) Address: Caledonia Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 3-29-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Caledonia Mo.
18. (a) Signature of funeral director: Norman White & Sons
(b) Address: Ancel White Ironton Mo.
19. (a) Apr 29 44 (Date received local registrar) (b) Ella White (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28 year 1944 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from 3/27, 1944 to 3/28/44, 19__; that I last saw him alive on 3/27/44, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: valvular heart deficiency, congenital	
Due to ____	
Due to ____	
Other conditions (Include pregnancy within 3 months of death) 757e	
Major findings: 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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature: J. P. Yeargain (M. D. or other) #444
Address: Irondale Mo. Date signed: 3/29/44

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(Licensed Embalmer's Statement on Reverse Side)

LIVED

District Health Officer No. 4

District File Number 544-380

Date Filed 5-9-44

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 Ancel J. White

Licensed Embalmer No. 3012

P. O. Address Ironton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.