. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

55
3
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1944

Registration District No. 38

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21923

Primary Registration District No. 5655

Registrar's No. [illegible]

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mount Vernon Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2002 days (Specify whether)

In this community 2002 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren

(c) City or town Peers 109
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Cyril Hustedde

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased January (Month) 4 (Day) 1923 (Year)

8. AGE: Years 21 | Months 5 | Days 3 | If less than one day hr. min.

9. Birthplace Bowling Green Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farm work

11. Industry or business

FATHER
12. Name L. C. Hustedde
13. Birthplace Saline County Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Feldman
15. Birthplace Warren County Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San, Mount Vernon, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June (Month) 9 (Day) 1944 (Year)

(c) Place: burial or cremation Marthasville, Mo

18. (a) Signature of funeral director H. D. Fossett

(b) Address Mt Vernon Mo

19. (a) 6-12-44 (Date received local registrar) (b) Andy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1944 hour 10 minute 55 P.M.

21. I hereby certify that I attended the deceased from Dec. 13 1938, 19 , to June 7, 1944
that I last saw him alive on June 7, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: pulmonary tuberculosis	over 6 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

13 fl

Major findings:
Of operations Bilat ulcero-fibrous Tbc. c̄ hemorrhage from
Of autopsy right. Amyloidosis

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 0

23. Signature [illegible] (M. D. M.D.)

Address Mt Vernon, Mo. Date signed 6-8-44

1338

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 644-739
Date Filed JUN 20 1944

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. D. Fossett

Licensed Embalmer No. 2201

P. O. Address Mt. Vernon, Me.

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.