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DOM-5-43
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22195
State File No. _____

FILED JUL 10 1944
288

Registration District No. _____

Primary Registration District No. 5906

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pemiscott

(b) City or town near Wadell, Tenn.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

In this community 10 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscott

(c) City or town Peach Orchard 78
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____ 0

3. (a) PRINT FULL NAME Archie Wilburn Huskey

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

4. Sex male 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 January 13 1922
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1944 hour 10:30 minute _____ A.M.

21. I hereby certify that I attended the deceased from Aug 1
1943 to June 18 1944
that I last saw him alive on June 14 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary TB Duration _____

8. AGE: Years Months Days If less than one day

22 5 3 hr. _____ min.

Due to following pneumonia in secondary

Due to _____

9. Birthplace Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation farming

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name John Huskey

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

14. Maiden name Lilla Huskey Pettigrew

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

16. (a) Informant Mother Lilla Pettigrew

(b) Address Peach Orchard, Mo

17. (a) Burial (b) Date thereof 6 18 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanfield Cemetery

(a) Accident, suicide, or homicide (specify) no

(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? _____

18. (a) Signature of funeral director Laddie Funeral Home

(b) Address Campbell, Missouri

19. (a) 6 19 1944 (b) J P Dineen
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature J P Dineen M. D.

Address Laddie Date signed July 1944

(Licensed Embalmer's Statement on Reverse Side)

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

100

5906

6-44-136

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..... *Christina M. Landess*

Licensed Embalmer No. *4227*

P. O. Address..... *Campbell, 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.