

S. No. 2
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V. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27521

Registration District No. 17 Primary Registration District No. 30+2 4128 Registrar's No. 116

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Missouri City Mo
(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 _____ (Specify whether)

In this community 64 yrs - (Specify whether)

years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Missouri City Mo 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Robert Mary Clemmie Huston

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, Divorced Widow

6. (b) Name of husband or wife James Lynn Huston 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 22 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
year 1944 hour 3 minute 0 P. M.

21. I hereby certify that I attended the deceased from May 1 1944 to Aug 23 1944
that I last saw him alive on Aug 22 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Anterior myocardial infarction Stroke

8. AGE: Years 83 Months 1 Days 1 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

9. Birthplace Ray County Mo
(City, town, or county) (State or foreign country)

Other conditions Coronary atherosclerosis Stroke Judy
(Include pregnancy within 3 months of death)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Robert R. Wright

13. Birthplace Ky - 1
(City, town, or county) (State or foreign country)

14. Maiden name Sarah R. Stewart

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant James E. Huston

(b) Address 2835 Perry Kansas City Mo

17. (a) Burial (b) Date thereof Aug 26-44
(Burial, cremation, or removal) (Monthly) (Day) (Year)

(c) Place: burial or cremation Missouri City

18. (a) Signature of funeral director Mrs. C. L. Foster

(b) Address 918 Brooklyn K.C. Mo

19. (a) 8-26-44 Mrs. L. L. Redman
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature Glenn W. Hendrick (M. D. or _____)

Address Liberty Mo Date signed 8/24/44

1166 (Licensed Embalmer's Statement on Reverse Side)

