

S. No. 2
OM-5-43
v. 5-13-39
X36671

30738

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 130

Registration District No. 77

Primary Registration District No. 30124128

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

1. PLACE OF DEATH:

(a) County Clay Missouri

(b) City or town Missouri City
(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 1
(Specify whether _____)

In this community 67 yrs
years, months or days)

3. (a) PRINT FULL NAME Cora Lee 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 John S. Huston

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

7. Birth date of deceased Feb. 20 - 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>7</u>	<u>3</u>	_____ hr. _____ min.

9. Birthplace Missouri City no 0
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Leal Kidd

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

14. Maiden name Lila Foley

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

16. (a) Informant Leal Kidd

(b) Address Miss City no

17. (a) burial (b) Date thereof Sept - 27 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miss City no

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

(b) Address 918 Brooklyn Kansas City

19. (a) 9-27-44 Mrs Sadie Redman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Missouri City 6
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23
year 1944 hour 12 minute 20 P.M.

21. I hereby certify that I attended the deceased from Aug 1st, 1944 to Sept 23, 1944
that I last saw h. or alive on Sept 23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver

Due to _____

Due to _____ H6 f

Other conditions: _____
(Include pregnancy within 3 months of death)

Duration

Major findings: Carcinoma of liver

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Benton Malley (M. D. or other) M.D.

Address Liberty Mo. Date signed 9-28-44

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-10-44

Dr. M. L. ...
P. O. ...

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 Jas. E. Huston
Licensed Embalmer No. 1621
P. O. Address Kansas City, 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.