

FILED DEC 9 1944

Registration District No. 226

Primary Registration District No. 4321

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Texas  
(b) City or town Houston Mo. Piney Twp.  
(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) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 50 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas  
(c) City or town Houston Mo. Piney Twp.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edward D. Huckshorn.

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive, \_\_\_\_\_ years  
7. Birth date of deceased Nov. 17th, 1867.  
(Month) (Day) (Year)

8. AGE: Years 76 Months II Days 6 If less than one day hr. --- min.

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

10. Usual occupation Brick & Stone Mason.

11. Industry or business Building.

12. Name Edward Huckshorn.  
13. Birthplace Dont Know. (City, town, or county) (State or foreign country)  
14. Maiden name Catherine Gentry  
15. Birthplace Dont Know. (City, town, or county) (State or foreign country)

16. (a) Informant Wilford L. Huckshorn.

(b) Address Willow Springs Mo.

17. (a) Burial (b) Date thereof Oct. 25th, '44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houston Cemetery

18. (a) Signature of funeral director Gaylord V. Elliott

(b) Address Houston Mo.

19. (a) Nov. 30, 1944 (b) Mrs. Ella Duff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23d  
year 1944 hour 7 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct 19 38 to OCT 23 44  
that I last saw him alive on OCT 23 44  
and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA  
Due to CHRONIC NEPHRITIS

Due to PROSTATISM

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 131  
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) (c) Means of injury \_\_\_\_\_  
23. Signature H. M. Duffman (M. D. or other) M.D.  
Address Houston Mo Date, signed 11-6-44

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

MOTHER FATHER

47  
60

RECEIVED

District Health Officer No. 5,

District File Number 1244593

Date Filed 12-8-44

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. 4654

working under my personal supervision.

Signed Layford H. Elliott

Licensed Embalmer No. 1651

P. O. Address Houston 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.