

FILED MAY 14 1945
Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
526 S. Jefferson St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Audrain
(c) City or town Mexico
(If outside city or town limits, write "RURAL")
(d) Street No. 526 S. Jefferson
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Everett Huttsell

3. (b) If veteran, name war No 3. (c) Social Security No. 486-12-6696

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Feb. 27, 1894
(Month) (Day) (Year)

8. AGE: Years 51 Months 2 Days 3 If less than one day hr. min.

9. Birthplace Howard County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Construction Worker

11. Industry or business A. P. Green Fire Brick Co.

MOTHER FATHER { 12. Name John Huttsell
13. Birthplace Howard County, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Fannie Woods
15. Birthplace Howard County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Everett Huttsell
(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof 5/1/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Clarks Chapel (Howard Co.)

18. (a) Signature of funeral director.....
(b) Address Mexico, Missouri

19. (a) 4-30-45 (b) Margaret H. Machine
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 29
year 1945 hour 4 minute 35 AM.

21. I hereby certify that I attended the deceased from Nov-18
44, 19, to Apr 29, 1945
that I last saw him alive on Apr 29, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Carcinoma of Liver & Gall bladder
Due to.....
Primary Cancer of Ascending Colon

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration
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.....
23. Signature Ryan
Address Mexico, Mo Date signed 4-30-45

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

4
1
2

1094

RECEIVED
District Health Officer No. 10
District File Number 5-45-858
Date Filed MAY 10 1945

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.....

Licensed Embalmer No. 3569

P. O. Address Mexico 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.