. S. No. 2
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 10 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25288

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 112

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural Washington Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital #3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 days (Specify whether

In this community 30 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 108

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 121 Missouri Ave (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME THOMAS HUDDLESTON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Wid 2

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Oct 22 1873 (Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 3 If less than one day hr. min.

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

10. Usual occupation Canning factory

11. Industry or business Factory

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Admission Sheet

(b) Address ✓

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Hospital Cemetery

18. (a) Signature of funeral director Allen E Hays

(b) Address Nevada Mo

19. (a) 7-26-45 (Date received local registrar) (b) Hazel B. Bewick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1945 hour 10 minute 55 A M.

21. I hereby certify that I attended the deceased from 6-26, 1945, to 7-25, 1945 that I last saw him alive on July 25, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Senile Psychosis	?
Deteriative	?
Due to ✓	
Due to ✓	

Other conditions Chronic Interstitial Nephritis (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy yes

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R G Hall MD (M. D. or other)

Address Nevada Mo Date signed 7-25-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 9
District File No. 7-45-768
8-9-45

STATEMENT BY LICENSED EMBALMER:

Not

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 Allen V. Harp

Licensed Embalmer No. 1968

P. O. Address Nevada 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.