S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED NOV 8 1945

STANDARD CERTIFICATE OF DEATH

State File No. 34770

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 157

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: Fitzgibbon O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline 97

(c) City or town Gilliam "Rural" 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MARY ELIZABETH HUNTINGTON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Fe 1

5. Color or race W

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

6. (b) Name of husband or wife J. W. Huntington

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

7. Birth date of deceased Aug - 26 - 1945
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
36	2	1	hr. min.

9. Birthplace Slater "Rural" (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name L. G. Richardson
13. Birthplace Slater "Rural" (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Mary Francis Tennill
15. Birthplace Slater "Rural" (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant L. G. Richardson
(b) Address Gilliam Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-29-45 (Month) (Day) (Year)
(c) Place: burial or cremation Gilliam Mo

18. (a) Signature of funeral director Harry Hershberger
(b) Address Marshall Mo

19. (a) 10/29/45 (Date received local registrar) (b) Mrs T. Cuthbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27
year 1945 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from Oct. 21, 1945 to Oct. 27, 1945
that I last saw her alive on Oct. 27, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Congestive heart failure	
Due to Chronic endocarditis	
Due to	
Other conditions Chronic nephritis (Include pregnancy within 3 months of death)	

Major findings:
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] M.D. - O (M. D. or other)
Address Marshall, Mo. Date signed 10-29-45

1215

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 11
Date Filed 11-8-45

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 Harry C Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall 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.