37312

. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 13 1945

State File No.

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 100

1. PLACE OF DEATH:

(a) County HARRISON

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

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

(d) Length of stay: In hospital or institution 12 WEEKS (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HARRISON 41

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

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

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

If yes, name country

3. (a) PRINT FULL NAME HENRY HUITT

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M 0

5. Color or race W

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

6. (b) Name of ~~husband or~~ wife CAROLINE

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

7. Birth date of deceased 10 (Month) 27 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	0	23	hr. min.

9. Birthplace HARRISON Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name ISRAEL HUITT
13. Birthplace DO NOT KNOW (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name REBECCA DAVIS
15. Birthplace MISSOURI (City, town, or county) 0 (State or foreign country)

16. (a) Informant MARLEN HUITT

(b) Address LOS ANGELES, CAL.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11/23/45 (Month) (Day) (Year)

(c) Place: burial or cremation EAGLEVILLE, MO.

18. (a) Signature of funeral director S. M. Haas

(b) Address Bethany Mo.

19. (a) Nov. 23-1945 (Date received local registrar) (b) Zola Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
year 1945 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5-1, 1945, to Nov. 20, 1945; that I last saw him alive on Nov. 20, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of stomach	6 MO
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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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 H. R. Lydda (M.D. or other)

Address Bethany, MO Date signed 11-23-45

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(Licensed Embalmer's Statement on Reverse Side)

JUN 18 1946

RECEIVED
District Health Officer No. 11
District File Number
Date Filed

SEP 7

JUN 2 1950

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 Thornton H. Haas

Licensed Embalmer No. 2861

P. O. Address Bethany, 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.