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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1477

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 331

1. PLACE OF DEATH:

(a) County JACKSON

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

(c) Name of hospital or institution: OSTEOPATHIC HOSPITAL 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY (Specify whether

In this community 4 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 5 (If outside city or town limits, write "RURAL")

(d) Street No. 3014 GRAND AVENUE (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME George Lee Huguet

3. (b) If veteran, name war NO

3. (c) Social Security No. 370-09-0138

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS ODIANNA HUGUET

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased JANUARY (Month) 22 (Day) 1888 (Year)

8. AGE:	Years	Months	Days	If less than one day
57	~~58~~	11	28	hr. min.

9. Birthplace WASHINGTON (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation BARBER

11. Industry or business KLEIN - 31st MAIN STREET

FATHER
12. Name LEO NICHOLAS HUGUET
13. Birthplace (City, town, or county) FRANCE 5 (State or foreign country)

MOTHER
14. Maiden name FREDERICA BRUNNEMEYER
15. Birthplace (City, town, or county) GERMANY 4 (State or foreign country)

16. (a) Informant Mrs. Odianna Huguet

(b) Address 3014 Grand Avenue

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JAN 21 1946 (Month) (Day) (Year)

(c) Place: burial or cremation IRON MOUNTAIN, MICHIGAN

18. (a) Signature of funeral director D. H. Newcomers Sons

(b) Address 1401 Brush Creek Blvd

19. (a) 1-21-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19 year 1946 hour 6 minute 35 P. M.

21. I hereby certify that I attended the deceased from Jan. 18, 1946, to Jan. 19, 1946 that I last saw him alive on Jan. 19, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic coma

Due to Diabetic mellitus

Due to

Other conditions (Include pregnancy within 3 months of death) 61

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? (Specify type of place)

While at work? (e) Means of injury 2

23. Signature H. L. McNally (M. D. or other) DO

Address 3 W. Bryant Bldg. K.C. Mo. Date signed 1-19-46

(Licensed Embalmer's Statement on Reverse Side)

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 Oscar Hostley

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.