

FILED JAN 28 1946

Registration District No. 7

Primary Registration District No. 7168

Registrar's No. 92

1. PLACE OF DEATH:

(a) County DEKALB
(b) City or town MAYSVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 59 yrs (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME

ELZA H. HUSTIN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MO

5. Color or race W

6. (a) Single, widowed, married, divorced D. 3

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

7. Birth date of deceased JULY - 3 - 1886

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

59

5

14

hr.

min.

9. Birthplace

DEKALB CO. MO

(City, town, or county)

(State or foreign country)

10. Usual occupation

FARMER

11. Industry or business

12. Name HYDREW HUSTIN

13. Birthplace MO

14. Maiden name MARTHA AICE

15. Birthplace MO

(City, town, or county)

(State or foreign country)

16. (a) Informant

Oscar Austin

(b) Address

709 W-42nd ST - K.C. MO

17. (a)

BURIAL

(b) Date thereof

12-20-45

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

OAK LAWN, MAYSVILLE

18. (a) Signature of funeral director

HUGHES FUNERAL HOME

(b) Address

MAYSVILLE MO

19. (a)

12-20-45

(b) Registrar's signature

Roscoe Davidson

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County DEKALB
(c) City or town Mayville
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
year 1945 hour 6-10 minute P M.

21. I hereby certify that I attended the deceased from Dec 17
1945, to Dec 17, 1945

that I last saw him alive on —, 19—,
and that death occurred on the date and hour stated above.

Immediate cause of death

a mild dilatation of heart
due to statural body trouble for
35 yrs - and sudden
coronary

Other conditions as above
(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 M. S. Hale (M. D. or other)
Address O. S. born mo Date signed 12/17/45

Received
DISTRICT HEALTH OFFICE
Cameron, Mo.

1-18-46

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.....

.....
P.O. Address.....

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.