

FILED MAY 7 1946
Registration District No. 52

Primary Registration District No. 3127

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Webb City, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jane Chinn Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Dee Huddleston

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Huddleston, 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 25, 1876
(Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 29 If less than one day hr. _____ min. _____

9. Birthplace Nashville, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Miner & Farmer.

11. Industry or business Mining and Farming.

12. Name Lee Huddleston

13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Martha Huddleston

(b) Address Cartersville, Mo

17. (a) Burial (b) Date thereof 4-25-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cartersville, Mo.

18. (a) Signature of funeral director John H. Huggins

(b) Address Parsons, Mo

19. (a) APR 22 46 (b) W. W. Forbes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper. 49
(c) City or town Cartersville.
(If outside city or town limits, write "RURAL") 11
(d) Street No. 506 E. Clara Street. 10
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 22
year 46 hour 11 minute 45 AM

21. I hereby certify that I attended the deceased from April 15 1946 to April 22 1946
that I last saw him alive on 4-22 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Coronary Thrombus

Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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 W. W. Forbes (M. D. or other) D.O.
Address 210 N Madison, Webb City Date signed 4-22-46

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

46-4-321

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.

Richard Gray Lewis
Mo. No 44067
Webb City, Mo

Signed *John H. Adkins*
Okla
Licensed Embalmer No... 820
P. O. Address *Fisher Okla*

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.