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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27546

Registration District No. 159 Primary Registration District No. 5591 Registrar's No. 5

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Victoria
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No st. Number /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 75 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson 50
(c) City or town Victoria 0
(If outside city or town limits, write "RURAL")
(d) Street No. No Street Number 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Susie Huskey
3. (b) If veteran, name war –
3. (c) Social Security No.
4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife William A. Huskey
6. (c) Age of husband or wife if alive deceased
7. Birth date of deceased July 7 - 1871 (Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 28 If less than one day hr. min.

9. Birthplace Victoria (City, town, or county) Mo. (State or foreign country)
10. Usual occupation At Home
11. Industry or business
12. Name Charles Vinyard
13. Birthplace ? (City, town, or county) Mo. (State or foreign country)
14. Maiden name Mary Nelson
15. Birthplace ? (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mrs. C. S. Woods
(b) Address Victoria Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 8 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Victoria, Mo.
18. (a) Signature of funeral director J. Lee Mothershead
(b) Address DeSoto, Mo.
19. (a) 8/26/46 (Date received by local registrar) (b) Kathleen Marsden (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5
year 1946 hour 11 minute 45 p.M.
21. I hereby certify that I attended the deceased from July 29, 1946, to Aug 5, 1946; that I last saw her alive on Aug 5, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic Arthritis, Deformans, Poly Articular — 10 yrs.
Due to Senility
Due to
Other conditions
(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? 0
(Specify type of place)
While at work (e) Means of injury
23. Signature George Hopson (M. D. or other) MD
Address DeSoto Mo Date signed Aug 7 46

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

26385

141 (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 J. L. Mathershead

Licensed Embalmer No. 3531

P. O. Address DeSoto 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.