

S. No. 2
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5-17-39
P1 X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12953
Registrar's No. 11

Registration District No. 88 Primary Registration District No. 4151

1. PLACE OF DEATH:
(a) County CRAWFORD
(b) City or town STEELVILLE
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 YRS. years, months or days

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

3. (a) PRINT FULL NAME VISTA ANITA LIGHT
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APRIL day 19TH year 1947 hour 9 minute 45 P.M.
21. I hereby certify that I attended the deceased from Apr 11 1947 to April 19 1947 that I last saw him alive on April 19 1947 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife RUSSEL 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased MARCH 24 - 1921 (Month) (Day) (Year)
8. AGE: Years 26 Months 0 Days 25 If less than one day hr. min.

Immediate cause of death Cardiac dilation-acute 1 hr.
Due to Influenza 1 wk
Due to Asthma-bronchial 15 yr.
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations 33 15
Of autopsy _____

9. Birthplace BRAZIL, MISSOURI (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business _____
12. Name JOSEPH D. HUITT
13. Birthplace HUZZAH, MISSOURI (City, town, or county) (State or foreign country)
14. Maiden name MINTA MARTIN
15. Birthplace BRAZIL, MISSOURI (City, town, or county) (State or foreign country)
16. (a) Informant DELNA FARRAR
(b) Address STEELVILLE, MISSOURI
17. (a) BURIAL (b) Date thereof 4-22-47 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation STEELVILLE
18. (a) Signature of funeral director THOMAS S. HALBERT
(b) Address STEELVILLE, MISSOURI
19. (a) 4-24-47 (b) [Signature] (Date received local registrar) (Registrar's signature)

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? [Signature] (Specify type of place) (c) Means of injury
23. Signature [Signature] (M. D. or other) DO
Address Steelville MO Date signed 4/23/47

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

MOTHER FATHER

MAY 1 1947

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.....

C. Jesse Hahr

Registered Apprentice No. *4330*

working under my personal supervision.

Signed *Thomas S. Halbert*

Licensed Embalmer No. *4332*

P. O. Address *STEELVILLE, 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.