S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 26 1947

Registration District No. 1

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28188

Primary Registration District No. 4258

Registrar's No. 158

1. PLACE OF DEATH:
(a) County Knox
(b) City or town Edina
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Gibson Hospitial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Six hrs. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEASCED:
(a) State Mo (b) County Knox
(c) City or town Edina (Rural) Colony
(If outside city or town limits, write "RURAL")
(d) Street No. 4 Miles South East of Rutledge, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martha Jane Hustead
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race WV
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Frank Hustead
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) - 30 (Day) - 1872 (Year)

8. AGE: Years 75 Months 6 Days 28 If less than one day hr. min.

9. Birthplace Millport (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation Homekeeper
11. Industry or business
MOTHER FATHER
12. Name John J. Longfellow
13. Birthplace uk (City, town, or county) Ohio (State or foreign country)
14. Maiden name Mary Ann Grant
15. Birthplace Schnectady (City, town, or county) N.Y. (State or foreign country)
16. (a) Informant Mrs Aubrey Sutton
(b) Address Wyaconda, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug-21-1947. (Month) (Day) (Year)
(c) Place: burial or cremation Harmony Grove
18. (a) Signature of funeral director Keith Hudson
(b) Address Edina, Mo.
19. (a) Aug-21-47 (Date received local registrar) (b) Nell S. Nunnally (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 18 day 18 year 1947 hour 9 minute 35 A.M.
21. I hereby certify that I attended the deceased from Aug 17 1947 to Aug 18 1947 that I last saw h alive on Aug 18 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	1 day
Due to Chronic Bronchitis	6 yrs.
Due to Respiratory infection	2 wks.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 107

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (e) Means of injury
23. Signature C. C. Gibson (M. D. or other)
Address Edina Mo Date signed 8/18/47

(Licensed Embalmer's Statement on Reverse Side)

JUL 8 1947

RECEIVED
District Health Officer No. 10
District File Number 8-47-1128
Date Filed AUG 25 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Miss

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.