

S. No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40837

FILED JAN 12 1948

Registration District No. 27

Primary Registration District No. 8000

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Butler Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 0 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Adrian
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Bertha E. Huston

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

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

6. (b) Name of husband or wife Frank Uriah Huston 6. (c) Age of husband or wife if alive Deceased

7. Birth date of deceased September 17 1878
(Month) (Day) (Year)

8. AGE: Years 69 Months 3 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Austin Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business _____

12. Name Daniel Prine

13. Birthplace Cole County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Emiline Morris

15. Birthplace Sumner County Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant W. D. Prine

(b) Address Adrian Mo.

17. (a) Burial (b) Date thereof 12-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crescent Hill Cem.

18. (a) Signature of funeral director Leath & Self

(b) Address Adrian Mo.

19. (a) 12-25-47 (b) Hendall Kurray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23
year 1947 hour I minute 15 A. M.

21. I hereby certify that I attended the deceased from Dec. 17
1947 to Dec. 22 1947;

that I last saw her alive on Dec. 22 1947;

and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____

Due to _____

Due to _____

Other conditions Diabetes - many years

(Include pregnancy within 3 months of death)

Major findings nephritis Of operations _____

Of autopsy 6

Underline the cause to which death should be charged statistically.

PHYSICIAN _____

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 E. P. Robinson (M. D. or other) _____

Address Adrian, Mo. Date signed 12-24-47

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 12-42-2063

Date Filed 1-10-48

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.....

Fred J. Greath 3343....., Registered Apprentice No.
working under my personal supervision.

Signed

Adrian Mo.
Licensed Embalmer No. 3650

P. O. Address

Adrian 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, above space should be left blank.