No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

44220

State File No.

Registration District No. 98 Primary Registration District No. 4162 Registrar's No. 7

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

1. PLACE OF DEATH:
(a) County Daviess
(b) City or town Lock Springs
(If outside city or town limits, write "RURAL" and name of township)
(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 Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Daviess 31
(c) City or town Lock Springs 0
(If outside city or town limits, write "RURAL") 2
(d) Street No. --- 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Washington Huston
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella Huston
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Feby (Month) 22 (Day) 1858 (Year)

8. AGE: Years 89 Months 9 Days 26 If less than one day hr. min.

9. Birthplace Livingston County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Retired
FATHER
12. Name John Huston
13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)
MOTHER
14. Maiden name Mary Minnick
15. Birthplace Daviess County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Ella Huston
(b) Address Lock Springs, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Lock Springs Cemetery
18. (a) Signature of funeral director Hope Funeral Home
(b) Address Gallatin, Mo.
19. (a) 8 Jan. 1948 (Date received local registrar) (b) Virginia M Engelhart (Registrar's signature) XI

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18
year 1947 hour 4 minute 40 P. M.
21. I hereby certify that I attended the deceased from Dec 10 1947 to Dec 18 1947
that I last saw him alive on Dec 17 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	7 days
Due to Chronic Parenchymatous nephritis	[illegible]
Due to Arteriosclerosis	15 yr
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131 B

PHYSICIAN
Underline the cause of 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? (Specify type of place) 2
While at work? (e) Means of injury
23. Signature F. B. Bailey (M. D. or other) DO
Address Jamesport Date signed 1-2-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 R. Lester Braw Registered Apprentice No. 456, working under my personal supervision.

Signed F. O. Nicholson

Licensed Embalmer No. 330

P. O. Address Gallatin, 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.