

FILED MAY 7 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13182

State File No. _____

Registration District No. 169

Primary Registration District No. 5616

Registrar's No. 216

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Rutledge, Mo. "Rural"
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Knox
(c) City or town Rutledge, Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? NO (Specify)
If yes, name country _____

3. (a) PRINT FULL NAME Harry James Husted

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 14 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
7 10 _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name Burley Husted

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Emma Lanz

15. Birthplace South Dakota
(City, town, or county) (State or foreign country)

16. (a) Informant Burley Husted

(b) Address Rutledge, Mo.

17. (a) Burial (b) Date thereof April 25 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harmony Grove

18. (a) Signature of funeral director [Signature]

(b) Address Wyanona, Mo.

19. (a) Apr. 29-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 24
year 1948 hour _____ minute 109 M.

21. I hereby certify that I attended the deceased from Sept 14 to April 27 1948
that I last saw him alive on April 17 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Thymic Plasmic Lymphatic swell

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 64

Of autopsy _____

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 2

23. Signature [Signature] (M. D. or other) 20

Address Edwards, Mo. Date signed 4/26/48

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

52
0
0

RECEIVED
District Health Officer No. 10
District File Number 5-48-806
Date Filed MAY - 5 - 1948

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.....

George V. Probert
Licensed Embalmer No. 1817

P. O. Address..... *Myalonda 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.