No. 300
-10-47
-17-39
3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 11 1948
Registration District No. 139

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26837

Primary Registration District No. 5591

Registrar's No. 35

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

1. PLACE OF DEATH:

(a) County Hillsboro Jefferson
(b) City or town 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 4 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Hillsboro 50
(If outside city or town limits, write "RURAL")
(d) Street No. Rt #2 Hillsboro, Missouri 0
(If rural, give location) 0
(e) Citizen of foreign country? — (Yes or No) 0
If yes, name country —

3. (a) PRINT FULL NAME Alice Huskey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F /

5. Color or race W

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife John Huskey

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

7. Birth date of deceased 2 (Month) 28 (Day) 1895 ~~1894~~ (Year)

8. AGE: Years 53 ~~54~~ Months 6 Days 0 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation None

11. Industry or business

12. Name Sterzen

13. Birthplace Unk (City, town, or county) 7 (State or foreign country)

14. Maiden name Mary Placht

15. Birthplace Ills. (City, town, or county) / (State or foreign country)

16. (a) Informant John Huskey
(b) Address R #2 Hillsboro ?, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/ 1 / 48 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.

19. (a) 8-31-48 (Date received local registrar) (b) Kathleen Marsden (Registrar's signature) 141

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28th year 1948 hour noon minute M.

21. I hereby certify that I attended the deceased from April 30, 1947 to Aug 28, 1948 that I last saw her alive on Aug 28, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkins disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

44B

Duration

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? (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)
While at work? (e) Means of injury

23. Signature R. Hyland O (M. D. or other)
Address 3903 Park Date signed 8/29/48

(Licensed Embalmer's Statement on Reverse Side) St. Louis Mo

Can by [illegible] 8/28

RECEIVED
District Health Officer No. 9
District File Number SEP 10 1948
Date Filed
SEP 22 1948
SEP 20 1948

Dr. Hellman
3906 4 Park

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 J. Wm Buckley

Licensed Embalmer No. 3657

P. O. Address St Louis 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
City St. Louis
County of

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 15th day of September, 1948, before me appears John Huskey, who, upon his oath, states that the original record of death for Alice Huskey died August 28, 1948, in the State of Missouri, and which was filed at Jefferson County on, 1948, should be corrected as follows:

Item No. 7 should read February 28, 1895
Instead of February 28, 1894

Item No. 8 should read 53 Years 2 Months 0 Days
Instead of 54 Years 2 Months 0 Days

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant X John Huskey Husband
Relationship.

Rt. #2, Hillsboro, Mo.
Present Address.

Subscribed and sworn to before me this 15th day of September, 1948

My Commission expires January 15, 1949

William H. Herring
Notary Public

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

n V. S. 135
M—4-43
I X36667

1948
S-26837

. No. 2B
M—3-45
P I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Sept

Registration District No. 15-9 Primary Registration District No. Registrar's No. 31

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Rural Hillsboro
(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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Alice Huskey

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb 28 1894
(Month) (Day) (Year)

8. AGE: Years 54 Months Days Unless less than one day hr. min.

9. Birthplace (City, town, or county) No. (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec Day year 1948 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (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)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY 28

1948
5-26837