S. No. 2
1—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29050

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 267

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 1. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month 7 days. (Specify whether years, months or days)
In this community Same

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Oregon. 75
(c) City or town Thayer. 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME PEARL. HUFSTEDLER.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F. 1
5. Color or race W
6. (a) Single, widowed, married, divorced S. D
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased D.K. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
36.			hr. min.

9. Birthplace Thayer. Mo. (City, town, or county) (State or foreign country) 0
10. Usual occupation none.
11. Industry or business
FATHER
12. Name H. L. Hufstedler.
13. Birthplace Tenn. (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Tennie Stephens.
15. Birthplace Thayer. Mo (City, town, or county) (State or foreign country) 0
16. (a) Informant Hospital Records.
(b) Address Fulton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 9, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Thayer, Mo.
18. (a) Signature of funeral director Glen Y. Maupin
(b) Address 7½ Court Fulton, Mo.
19. (a) Sept 8-1948 (Date received local registrar) (b) Josie Morsinkhoff (Registrar's signature) 24

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9. day 7.
year 1948 hour 10 minute A. M.
21. I hereby certify that I attended the deceased from 7-12-48, 19__, to 9-7-48., 19__;
that I last saw her alive on 9-7-48., 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the uterus.	
~~Due to~~ Secondary anemia.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 48 B
Of autopsy Carcinoma of the uterus.

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 0
23. Signature R. P. Price (M.D. or other) M.D.
Address Fulton Mo. Date signed 9-7-48
by H. Freyd.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed SEP 15 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 Glen Y. Maupin

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.