No. 2
—1/47
5-17-39

2
0
0

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

FEDERAL SECURITY AGENCY.
National Office of Vital Statistics

FILED OCT 11 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

29327

State File No.

Registration District No. 99

Primary Registration District No. 5380

Registrar's No. 52

1. PLACE OF DEATH:
(a) County Dekalb
(b) City or town 1 3/4 mi N.E. Stewartsville
(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 Missouri (b) County Dekalb 32 0
(c) City or town 1 3/4 mi N.E. Stewartsville 0 0
(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 Wm Rexter Huxtable
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M D
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 July (Month) 4 (Day) 1948 (Year)

8. AGE: Years	Months	Days	If less than one day
0	2	23	hr. min.

9. Birthplace Stewartsville (City, town, or county) Mo (State or foreign country)
10. Usual occupation —
11. Industry or business —
FATHER
12. Name Marvin Edward Huxtable
13. Birthplace Frankfort (City, town, or county) Ks (State or foreign country)
MOTHER
14. Maiden name Dorothy Mildred Amos
15. Birthplace Cedar Co. (City, town, or county) Mo (State or foreign country)
16. (a) Informant Marvin E. Huxtable
(b) Address Stewartsville Mo
17. (a) B (Burial, cremation, or removal) (b) Date thereof 9-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Antioch County Holt, Mo
18. (a) Signature of funeral director Lyon Funeral Home
(b) Address Stewartsville, Mo.
19. (a) 10-5-48 (Date received local registrar) (b) R Davidson (Registrar's signature) 82

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27 year 1948 hour about 12:30 minute a. M.
21. I hereby certify that I attended the deceased from — , 19..., to — , 19...; that I last saw him alive on — , 19 — and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 107	
Of autopsy	

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)
While at work? (e) Means of injury 0
23. Signature Wm. S. Gale (M. D. ~~or other~~)
Address Osborn Mo. Date signed 9/28/48
Coroner Dekalb County Mo.

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.....
....., Registered Apprentice No....., working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address Stewartville 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.