

FILED SEP 8 1945

Registration District No. **137**

Primary Registration District No. **4214**

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

1. PLACE OF DEATH:

(a) County **Henry**
 (b) City or town **Deepwater MO**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **1**
 (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 **Henry**
 (c) City or town **Deepwater MO**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Mary M. Huey

3. (b) If veteran,

name war **no**

3. (c) Social Security

No. **no**

4. Sex **Female**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **widow**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **May 1862**
 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	2	14	hr. _____ min. _____

9. Birthplace **Henry County MO**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Home keeper**

11. Industry or business

MOTHER FATHER

12. Name **Richard Lee**

13. Birthplace **Missouri MO**
 (City, town, or county) (State or foreign country)

14. Maiden name **Eliza Jane James**

15. Birthplace **Kentucky KY**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Miss Grace Huey**

(b) Address **Deepwater, MO**

17. (a) **Burial** (b) Date thereof **8-12-45**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bethelton cemetery**

18. (a) Signature of funeral director **John Thruet**
 (b) Address **Deepwater, MO**

19. (a) **Aug 11 1945** (b) **Myrtle Browlee**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug**, day **8**, year **1945**, hour **7**, minute **30 P.M.**

21. I hereby certify that I attended the deceased from **March 10** to **July 10**, 19**45**.
 that I last saw h. _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death **Subacute bacterial meningitis - suppurative - of base of brain**
 Due to **deformation of spine**

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy **no**

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? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature **Dr. G. R. Russell** (M. D. or other) **45**
 Address **Deepwater, MO** Date signed **Aug 11**

RECEIVED

District Health Officer No. 7,

District Number 8-43-889

Date Filed 9-6-45

SEP 12 1945

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 Tom Hunt
Licensed Embalmer No. 2782
P. O. Address Deepwater, 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.