

No. 2
1/47
7-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JAN 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 159

Primary Registration District No. 5503

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Rural Rt. #6 - Bethelton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 miles So-East of Clinton Mo.
(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 Life (20 y. approx)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry 42
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3 miles So-East of Clinton Mo. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Franklin Huey

3. (b) If veteran, name was Spanish-American War 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 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 1 - 13 - 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 11 22 hr. min.

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

10. Usual occupation Labor Carpenter

11. Industry or business _____

12. Name E. H. Huey

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

14. Maiden name Margaret Palmer

15. Birthplace Darton Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Huey

(b) Address Clinton Mo.

17. (a) Burial (b) Date thereof 1-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethelton

18. (a) Signature of funeral director J. B. Williams

(b) Address Clinton Mo.

19. (a) 1-7-48 (b) J. P. Ramsey
(Date received local registrar) (Registrar's signature)

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 5
year 1948 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 5 1947 to Jan. 3 1948
that I last saw him alive on Jan. 3 1948
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
Due to asthma

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

Major findings: Of operations _____
Of autopsy 93 E

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 _____ (Specify means of injury)

23. Signature James Smith (M. D. or other) M.D.
Address Clinton, Mo. Date signed 1-6-48

Duration

6 mo.

2 yrs.

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

Dr. Smith 913

JAN 16 1948

RECEIVED
District Health Officer No. 7,
District File Number 18-42-2070
Date Filed 1-12-48

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.....

Fred E. Williamson Jr.
working under my personal supervision.

Registered Apprentice No. H 34

Signed *Fred Williamson*

Licensed Embalmer No. 2478

P. O. Address *Clinton 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.