

No. 2
-2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14743

FILED MAY 8 1944
Registration District No. 132

Primary Registration District No. 5478

Registrar's No. 250

1. PLACE OF DEATH:

(a) County GRUNDY

(b) City or town DUNLAP (Marion Twp.)
(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 MOST OF LIFE years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County GRUNDY 4

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

(d) Street No. 712 W. 12th (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME ANNA REED HUFSTATTER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 15
year 1944 hour 3 minute 15 P.M.

4. Sex FP. 5. Color or race W

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

6. (b) Name of husband or wife LOUIE HUFSTATTER 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased SEPT. 5 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-15-1944 to 4-15-1944, that I last saw her alive on 4-15-1944 and that death occurred on the date and hour stated above.

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

64 7 10 hr. min.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerosis

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

10. Usual occupation HOUSE WIFE

11. Industry or business _____

Other conditions (Include pregnancy within 3 months of death) gla

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

12. Name T. F. FREED

13. Birthplace DO NOT KNOW MO (City, town, or county) (State or foreign country)

14. Maiden name SARAH BEASON

15. Birthplace DO NOT KNOW MO (City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant LOUIE HUFSTATTER

(b) Address DUNLAP, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/18/44 (Month) (Day) (Year)

(c) Place: burial or cremation MAPLE GROVE

18. (a) Signature of funeral director GIPSON FUN. HOME

(b) Address TRENTON MO.

19. (a) 4-18-44 (Date received local registrar) (b) L. Roberts (Registrar's signature)

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)

23. Signature J. C. Weston (M.D. or other) gla

Halt, Mo. Date signed 4-16-44

1330

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 C. M. Janner

Licensed Embalmer No. 3453

P. O. Address Leontine 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 STANDARD CERTIFICATE OF DEATH

State File No. May
Registrar's No. 250

Registration District No. 132 Primary Registration District No. 5428

1. PLACE OF DEATH:
 (a) County Sturdy
 (b) City or town Sturdy
(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)

3. (a) PRINT FULL NAME Anna B. Huffstutter
 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 _____ year
 7. Birth date of deceased Sept 5 1891
(Month) (Day) (Year)

8. AGE: Years 64 Months _____ Days _____
If less than one day _____ min.

9. Birthplace Sturdy Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
MOTHER { 12. Name _____
 13. Birthplace (City, town, or county) (State or foreign country)
 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) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 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 _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April Year 1948 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____;
 that I last saw him/her alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

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

Major findings:
 Of operations _____
 Of autopsy _____

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 _____

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

SUPPLEMENTAL

Duration _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

14743