

No. 2
1-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 1812AA

Primary Registration District No. 4229

Registrar's No. 74

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

1. PLACE OF DEATH:

(a) County Howard Co.

(b) City or town New Franklin Mo.
(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 1
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard 4-5

(c) City or town New Franklin Mo.
(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 Emmalee Huskey

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

4. Sex Female race white 5. Color or race white

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

6. (b) Name of husband or wife Clarence R. Huskey 6. (c) Age of husband or wife if alive nee years

7. Birth date of deceased May 8 - 1879
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 19
year 1944 hour 10 minute 30 a.m.

21. I hereby certify that I attended the deceased from Aug. 1944 to Nov 18 1944
that I last saw her alive on Nov 18 1944
and that death occurred on the date and hour stated above.

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

65 6 11 hr. min.

Immediate cause of death Carcinoma of lung (right lung) Duration 1/2 year

Due to unknown

Due to ...

Other conditions H. O. Ch. 470
(Include pregnancy within 3 months of death)

9. Birthplace New Franklin Mo. 11
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Joseph R. Wayland

13. Birthplace Lawson Va. 1
(City, town, or county) (State or foreign country)

14. Maiden name Isabelle Y. Gibson

15. Birthplace Howard Co. Mo. 11
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations None made

Of autopsy None made

Underline the cause to which death should be charged statistically.

16. (a) Informant Jessie E. Wayland

(b) Address New Franklin Mo.

17. (a) Burial (b) Date thereof 11-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Pleasant

18. (a) Signature of funeral director C. S. Keuneck

(b) Address New Franklin Mo.

19. (a) 11-25-1944 (b) Emm Miller
(Date received local registrar) (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?
.....
(Specify type of place) (e) Means of injury.....

23. Signature Allen R. Ragunson (M. D. or other) M.D.

Address Bronaith Mo. Date signed 11.24.1944

1321

1944

FEB 26 1945

RECEIVED

Health Officer No. 8,

12-16-44

MAR - 6 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 *H. L. Hall*

Licensed Embalmer No. *3515*

P. O. Address *New Franklin, 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.