

FILED MAY 2 1949

Registration District No. **250**Primary Registration District No. **5875**Registrar's No. **814**

1. PLACE OF DEATH:

(a) County **Oregon**
 (b) City or town **Thomasville**
 (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 **72 years** _____ (Specify whether
 years, months or days)

3. (a) PRINT
FULL NAME**Myrtle Huddleston**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 **Single**

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased **January 28 1877**
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
72 0 29 hr. min.9. Birthplace **Thomasville Mo.**
(City, town, or county) (State or foreign country)10. Usual occupation **Homestic**

11. Industry or business _____

12. Name **Charley Huddleston**13. Birthplace **Mo. 0**
(City, town, or county) (State or foreign country)14. Maiden name **Pauline Bellah**15. Birthplace **Mo.**
(City, town, or county) (State or foreign country)16. (a) Informant **Ethel Davidson**(b) Address **Thomasville, Mo.**17. (a) **Burial** (b) Date thereof **March 1 1949**
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation **Bellah Cemetery**

18. (a) Signature of funeral director _____

(b) Address **Thayer Mo.**19. (a) **Apr. 16 - 49** (b) **Mrs. W. Johnson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Oregon** **75**
 (c) City or town **Thomasville**
 (If outside city or town limits, write "RURAL") **0**
 (d) Street No. _____ (If rural, give location) **0**
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **27**
year **1949** hour **5** minute **15** A.M.21. I hereby certify that I attended the deceased from **February**
26, 19 **49** to **Feb. 27**, 19 **49**
that I last saw h. **ev.** alive on **Feb. 26**, 19 **49**
and that death occurred on the date and hour stated above.Immediate cause of death **Cardiac Failure** Duration _____Due to **Pneumonia**

Due to _____

Other conditions **None**
(Include pregnancy within 3 months of death)Major findings: **None**
Of operations _____Of autopsy **None**

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **None**
 (b) Date of occurrence **None**
 (c) Where did injury occur? **None**
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
None

While at work? **None** (Specify type of place) (b) Means of injury **None**23. Signature **W. Johnson** (M. D. or other) **W. Johnson**
Address **Thayer, Mo.** Date signed **3/4/49**

RECEIVED

District Health Officer No. 5,

District File Number 449 282

Date Filed 4-23-49

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 Leland Carter

Licensed Embalmer No. 4576

P. O. Address Sharon, 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.