

Dr. Stewart

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

45151  
Do not use this space.

1. PLACE OF DEATH  
JAN 17 1938

(a) County Cole Registration District No. 213  
(b) Township \_\_\_\_\_ Primary Registration District No. 3014 Registered No. 325  
(c) City Jefferson (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Infant of Mr. and Mrs. Rufus Huddleston  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-13-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Jefferson City, Mo.  
(STATE OR COUNTRY)

FATHER  
13. NAME Rufus Huddleston

14. BIRTHPLACE (CITY OR TOWN) Marshall, Missouri  
(STATE OR COUNTRY)

MOTHER  
15. MAIDEN NAME Katherine Garretson

16. BIRTHPLACE (CITY OR TOWN) Centertown, Mo.  
(STATE OR COUNTRY)

17. INFORMANT Rufus Huddleston  
(ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Centertown, Mo. DATE Dec-15-37

19. FUNERAL DIRECTOR (ADDRESS) Thos. J. Gordon  
Jefferson City, Mo.

20. FILED 12/15/37 1937 D. J. Deedman, M.D.  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 13<sup>th</sup>, 1937

22. I HEREBY CERTIFY That I attended deceased from December 13<sup>th</sup> 5:45 PM, 1937 to December 13<sup>th</sup> 6 PM, 1937  
I last saw him alive on December 13<sup>th</sup>, 1937 Death is said to have occurred on the date stated above, at 6:45 a.m.  
The principal cause of death and related causes of importance were as follows:

stelectasis

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Other contributory causes of importance: Rheumatic fever.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? Jefferson City, Mo.  
Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) James Stewart M. D.  
(Address) 626 Jefferson St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**