

REC'D APR 20 1938

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

11103
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township _____ Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin (d) Street No. Freeman Hospital 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 Donnie Huff 100

(a) Residence, No. 601 St Louis Ave 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) Oct 7 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 5 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. McKinley School
 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) (STATE OR COUNTRY) Joplin Mo.

FATHER 13. NAME Junior Huff
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio County Kentucky

MOTHER 15. MAIDEN NAME Ruth Beaver
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eureka Springs Ark.

17. INFORMANT (ADDRESS) Father Joplin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Barkman DATE 3-24 1938

19. FUNERAL DIRECTOR (ADDRESS) Langher Mortuary Joplin Mo.

20. FILED 3-29-38 Ed Janner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 22, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____

I last saw him dead alive on March 22, 1938. Death is said to have occurred on the date stated above, at 9:30 AM 3/22/38
 The principal cause of death and related causes of importance were as follows:

Automobile Accident Crushed Chest
 Date of onset 2:10 PM 3/21

Other contributory causes of importance: (this child was playing in street)

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 3/22/38

Where did injury occur? Joplin, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

on street

Manner of injury Automobile accident

Nature of injury Crushed Chest

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) T. Winchester Conner M. D.

(Address) Joplin, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, Allen E Langher, Licensed Embalmer No. 3574

hereby certify that the body recorded on the reverse side of this certificate was embalmed by F M Jones

L. E.

No. 2319 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Allen E Langher

Licensed Embalmer No. 3574

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.)