

REC'D JAN 23 1939

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

42943
Do not use this space.

1. PLACE OF DEATH

(a) County Douglas Registration District No. 1061
(b) Township Miller Primary Registration District No. 5385 Registered No.
(c) City Ava, Missouri (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 155 Chalmers Duane Huffman

(a) Residence, No. Route 2 Ava, Missouri 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 Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1927
7. AGE YEARS 11 MONTHS 5 DAYS 1 If LESS than 1 day, hrs. or min.

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) Albion, Mich. (STATE OR COUNTRY) Mich.

13. NAME Elmer C. Huffman

14. BIRTHPLACE (CITY OR TOWN) near Ava, Missouri (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Vivian Duncan

16. BIRTHPLACE (CITY OR TOWN) Bryant Mo. (STATE OR COUNTRY) Mo.

17. INFORMANT Chalmers C. Huffman (ADDRESS) Ava, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Prairie Hollow DATE 12-27-1938

19. FUNERAL DIRECTOR (NAME) C. W. Chickeringhead (ADDRESS) Ava, Mo.

20. FILED Jan 4 1939 U. S. McBrite Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26-1938 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-20-1938 to 12-26-1938. I last saw him alive on 12-26-1938. Death is said to have occurred on the date stated above, at 4:45 m. The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar
Right Side

Other contributory causes of importance: Hypertension since Birth
Uremia

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?..... (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? No
If so, specify..... (Signed) J. F. Gentry, M. D.
(Address) Ava, 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 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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.