

REC'D MAR 17 1939

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

7141
 Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 538
 (b) Township Mine La Motte Primary Registration District No. 1230 Registered No. 16
 (c) City Mine La Motte (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

(a) Residence, No. 1555 Baby Huffman (Stillborn) St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21, 1939
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 0 0 0 0 0 0 0 0

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) Mine La Motte (STATE OR COUNTRY) Mo

FATHER 13. NAME Leonard Huffman

14. BIRTHPLACE (CITY OR TOWN) Madison Co. (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Mammie Underwood

16. BIRTHPLACE (CITY OR TOWN) Madison Co. (STATE OR COUNTRY) Mo

17. INFORMANT Leonard Huffman (ADDRESS) Mine La Motte Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mine La Motte DATE 2-21, 1939

19. FUNERAL DIRECTOR William B O'Connor (ADDRESS) Fredricksburg Mo.

20. FILED Feb 21, 1939 S. C. Slaughter Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) Birth of 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from At Birth of 21, 1939 to at Birth of 21, 1939

I last saw him five or six days before Birth, 1939. Death is said to have occurred on the date stated above, at mine La Motte Mo.

The principal cause of death and related causes of importance were as follows:

Still Born

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? u Date of injury u, 1939

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) W. B. O'Connor, M. D.

(Address) Fredricksburg Mo.

By C. A. Slaughter Local Registrar (Statement on Reverse Side)

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,, 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.)