

1939 AUG 7 1939

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

27012  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Doddard 2 Registration District No. 836  
 (b) Township Liberty 1 Primary Registration District No. 4507  
 (c) City Bermit (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (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 Joseph Huffman  
 (a) Residence, No. 155 Beech 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Huffman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 4 15

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Embroider  
 9. Industry or business in which work was done, as saw mill, bank, etc. Seaman  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 2 yrs

FATHER  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galena Ill  
 13. NAME Daniel Huffman  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER  
 15. MAIDEN NAME Elizabeth Higdon  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) E. M. Huffman  
Bertham, Ark.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bertham DATE 7-29-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Russell  
Coppell, Ark.

20. FILED 7-31 1939 Laura Hopkins  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1939

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1939, to July, 1939.  
 I last saw him alive on July 27, 1939. Death is said to have occurred on the date stated above, at 1:40 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral pneumonia  
92%  
 Other contributory causes of importance:  
arteriosclerosis

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. B. Bond, M. D.  
 (Address) Bermit, Ark.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

103  
030

RECEIVED

District Health Officer No. 2

District File Number 834-110

Date Filed 8-4

---

---

**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.**