

1939 OCT 13 1939

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

33220
Do not use this space.

1. PLACE OF DEATH
 (a) County Phelps Registration District No. 677
 (b) Township Rosedale Primary Registration District No. 440.3
 (c) City Rosedale (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 Johnnie Lee Huffman
 (a) Residence, No. 158 Rosedale Mo. 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 M 4. COLOR OR RACE Wh 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) Sept 7, 1939

7. AGE	YEARS	MONTHS	DAYS	IF LESS than day, hrs. or min.
	<u>0</u>	<u>0</u>	<u>1</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 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) Rosedale
Phelps Co

FATHER
 13. NAME Franklin Huffman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Habsan
Mo

MOTHER
 15. MAIDEN NAME Marie Howard
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Habsan
Mo

17. INFORMANT (ADDRESS) Tracy Huffman
Rosedale
Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Carty Cem DATE Sept 9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Hill
Rosedale
Mo

20. FILED Sept 9, 1939 Joe. F. Ayers
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1939 to Sept 8, 1939
 I last saw him alive on Sept 7, 1939 Death is said to have occurred on the date stated above, at 3:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Congenital Cardiac Anomaly -
(Patent foramen ovale)
 Date of onset birth

Other contributory causes of importance:
159C

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) Samuel D. Strickland M. D.
677 (Address) St James, Mo.

WRITE LEGIBLY, 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.

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.

RECEIVED

District Health Officer No. 5,

Signed.....

District File Number 1089307

Licensed Embalmer No.....

Date Filed 10/10/39

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.