

Registration District No. **229**

Primary Registration District No. **6024A**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **St. Francois**
(b) City or town **Desloge**
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME

Bertie May Huff

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Mack Huff** 6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **Feb 4 1897**
(Month) (Day) (Year)

8. AGE: Years **42** Months **9** Days **6** If less than one day _____ hr. _____ min.

9. Birthplace **Fletcher Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Care of Home**

11. Industry or business _____

12. Name **Frank Coleman**

13. Birthplace **Fletcher Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Hannah Willy**

15. Birthplace **Fletcher Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mack Huff**

(b) Address **Desloge Missouri**

17. (a) **Rural** (b) Date thereof **Nov 12 1939**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Francois**

18. (a) Signature of funeral director **C. J. Boyer**
(b) Address **Desloge Missouri**

19. (a) **Nov 14 39** (b) **W. H. Blackworth**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Francois**
(c) City or town **Desloge**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **10**
year **1939** hour **6-30** minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Jury Verdict by inarridelle Automobile accident**

Due to **Car turning over on road**

Due to _____

Other conditions _____
(Includes pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **Nov 10 - 1939**

(c) Where did injury occur? **on highway J.**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on public road

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Geo D Venus** (M.D. or other) _____
Address **Flat River Mo** Date signed **11-10-39**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.