

Registration District No. 411Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 106 1/2 W. 17th St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 27 years (Specify whether years, months or days)
 In this community 27 years

3. (a) PRINT FULL NAME James R. Huffman 155

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 26, 1865
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 5 14 hr. min.

9. Birthplace Wright County Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Retired Powderman

11. Industry or business _____

MOTHER FATHER
 { 12. Name Unknown
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Sad Jeans(b) Address 1717 Kentucky, Joplin, Mo.

17. (a) Burial (b) Date thereof 12-12-39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Cem18. (a) Signature of funeral director Hurlbut Und. Co(b) Address Joplin, Mo.

19. (a) 12-12-39 (b) T. S. James
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 106 1/2 W. 17th St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9
 year 1939 hour 11:30 pm 15 M.

21. I hereby certify that I attended the deceased from July 15/39
 _____, 19____, to Dec 9, 1939;
 that I last saw him alive on Dec 7, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Ch. inst. nephritis ?
Ch. endocarditis ?

Due to _____

Due to _____

Other conditions _____
 (Include 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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

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

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

23. Signature J. H. Hurlbut (M. D. or other) M.D.Address Joplin Mo Date signed 12/11/39

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.

RECEIVED

Health Officer No. 6,

District File Number 140-157

Date Filed JAN 10 1940

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 Steve D. Parker

Licensed Embalmer No. 2548

P. O. Address Joplin Mo

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.