No. 2
11-10-39
-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 - 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7409

Registration District No. 566 Primary Registration District No. 3030 Registrar's No. 19

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Charleston, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Franklin and Cleveland Streets
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community All Of Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town Charleston, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Franklin and Cleveland Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Tandy Davis Huff

3. (b) If veteran, name war X X X

3. (c) Social Security No. X X X

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Hattie Marshall Huff

6. (c) Age of husband or wife if alive X X years

7. Birth date of deceased Feb. (Month) 8 (Day) 1859 (Year)

8. AGE: Years 81 Months 0 Days 0 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name William D. Huff
13. Birthplace Not known (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Elizabeth Davis
15. Birthplace Not known (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mary Travelstead
(b) Address Charleston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-40 (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F Cem. Charleston

18. (a) Signature of funeral director John P. Nunnelee Jr
(b) Address Charleston, Mo.

19. (a) 2-12-40 (Date received local registrar) (b) J D Vernon 145 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8 year 1940 hour 11 minute 30 a. M.

21. I hereby certify that I attended the deceased from January 22, 1940, to February 8, 1940; that I last saw him alive on February 8, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure Decompensating — Duration 2 wks.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23. Signature Paul S Baur M.D. (M. D. or other)
Address Charleston Date signed 2/14/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 340-6
Date Filed 3/5/4

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 John F. Nunnelee Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston 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.