

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25690

FILED AUG 10 1940

Registration District No. 538

Primary Registration District No. 3028

Registrar's No. 46

1. PLACE OF DEATH
(a) County Madison
(b) City or town Fredericktown
(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
In this community year
years, months or days (Specify whether)

3. (a) PRINT FULL NAME William Huggins
3. (b) If veteran, name war. No. none
3. (c) Social Security No. none

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Daura Huggins
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased Dec 28 1852
(Month) (Day) (Year)

8. AGE: Years 83 Months 7 Days 5
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER
12. Name John C. Huggins
13. Birthplace Tennessee
14. Maiden name Mahabury Hagener
15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Rhoda Carlton
(b) Address Fredericktown Mo

17. (a) Burial (b) Date thereof July 26, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cem. - Mad. Co. Mo

18. (a) Signature of funeral director Ed. H. Webb
(b) Address Fredericktown

19. (a) July 21 - 1940 (b) S. G. Slaughter
(Date received local registrar) By (Name and address)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madison
(c) City or town Fredericktown
(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 July day 25
year 1940 hour 10:00 minute A. M.
21. I hereby certify that I attended the deceased from July 19
1940, to July 25, 1940
that I last saw him alive on July 19
and that death occurred on the days and hour stated above.

Immediate cause of death Senile Decay
Aggravated Capillary
Due to Bronchitis

Due to
Other conditions (Include pregnancy within 3 months of death) 107A

Major findings:
Of operations
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence no
(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 M. B. Parker (M. D. or other)
Address Fredericktown Mo Date signed 7/26/40

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

Was not embalmed

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..... *Ed. H. Webb*

Licensed Embalmer No. *731*

P. O. Address..... *Frederick Town*

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.