

STANDARD CERTIFICATE OF DEATH

State File No. **28165**

17-39
K X21492

REC'D SEP 16 1940

Registration District No. 121

Primary Registration District No. 3009

Registrar's No. 272

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Cape Girardeau
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Francis
 (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 Jesse James Huff
 8. (b) If veteran _____ 8. (c) Social Security No. _____
 name war _____

4. Sex Male 5. Color or race white
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Rutha Huff
 6. (c) Age of husband or wife if alive 26 years
 7. Birth date of deceased Jan 26 1910
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
30 6 16 hr. min.

9. Birthplace Ash Hill, Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 { 12. Name E. A. Huffman
 { 13. Birthplace Spencer, Kentucky, Ind.
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Anna Margaret Taylor
 { 15. Birthplace Spencer, Kentucky, Ind.
 (City, town, or county) (State or foreign country)

16. (a) Informant E. A. Huffman
 (b) Address Portageville, Mo.

17. (a) Burial (b) Date thereof 8/14/40
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Portageville, Mo.

18. (a) Signature of funeral director R. M. Brown
 (b) Address Portageville, Mo.

19. (a) 8-12-40 (b) J. M. Thompson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County New Madrid
 (c) City or town Portageville
 (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 8 day 12
 year 40 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 8/11 1940 to 8/12 1940
 that I last saw him alive on 8/12 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
TR. 4-6 Cervical fracture
INJURY

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

Major findings:
 Of operations _____
 Of autopsy 100

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) ACCIDENT
 (b) Date of occurrence 8-11-40
 (c) Where did injury occur? Portageville Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
was SWIMMING
 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H. Smith (M. D. or other) MD
 Address Cape Girardeau Date signed 8/17/40

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

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

194/2
2/6

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28165-7
Registrar's No. _____

Registration District No. 125

Primary Registration District No. 3009

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

1. PLACE OF DEATH

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(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 _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph James Huffman

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 30 Months 6 Days 16 If less than one day hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 8 day 12 year _____ hour _____ minute _____ M.

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

Immediate cause of death S.P. + - S. cervical vertebrae injury.

Due to diving accident
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) acc.
(b) Date of occurrence 8-12-40
(c) Where did injury occur Portageville (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? was swimming
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____ Address _____ Date signed _____

SUPPLEMENTAL

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

