

OCT 11 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31092**
3655
Registrar's No.

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Trinity Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **45 Years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **George William Huggins**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **No**

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mrs. Anna Huggins**
6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **September 28, 1875**
(Month) (Day) (Year)

8. AGE: Years **64** Months **11** Days **20**
If less than one day hr. min.

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

10. Usual occupation **Retired General**

11. Industry or business **Contractor**

MOTHER FATHER
12. Name **Thomas J. Huggins**
13. Birthplace **Don't Know**
(City, town, or county) (State or foreign country)
14. Maiden name **Don't Know**
15. Birthplace **Don't Know**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. Anna Huggins**
(b) Address **300 East 40th Street**

17. (a) **Removal** (b) Date thereof **9-19-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Tarkio, Missouri**

18. (a) Signature of funeral director **Freeman Mortuary**
(b) Address **Kansas City, Missouri**

19. (a) **Sept. 19, 1940** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **300 East 40th Street**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **17**
year **1940** hour **8** minute **00** P. M.

21. I hereby certify that I attended the deceased from **Sept. 15, 1940** to **Sept. 17, 1940**
that I last saw him alive on **Sept. 17, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Peritonitis following acute nephritis**
Duration **48 hrs**
Due to **acute nephritis**

Due to _____
Other conditions **(121)**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: **Dangerous Appendicitis**
Of operations: _____
Of autopsy: **Peritonitis - Acute Nephritis**
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? _____

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

23. Signature **[Signature]** (M. D. or other) _____
Address **1025 Riatts Bldg** Date signed _____

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.

*The S. S. Shields &
Riocco Body.*

1-3

V. 1. 4751

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 *Clarence W. Chiles*

Licensed Embalmer No. *3473*

P. O. Address *K. C. 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.