

S. No. 2
4-13-40
7-5-17-39
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OCT 10 1940 85
Registration District No.

Primary Registration District No. 5127

Registrar's No. 966

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town Rural Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
RR # 6
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 18 Months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town Rural, Washington Twp.
(If outside city or town limits, write "RURAL")
 (d) Street No. RR 6.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME GEORGE WASHINGTON HUFFMAN

3. (b) If veteran, name war. No. _____ 3. (c) Social Security No. 110

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

6. (b) Name of husband or wife Ida Huffman 6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased. March 31, 1855.
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer Retired.

11. Industry or business _____

12. Name Peter Huffman

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

14. Maiden name Martha Thompson.

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

16. (a) Informant Mrs. Myrtle Potter.
 (b) Address Route 6, St. Joseph, Mo.

17. (a) Burial (b) Date thereof Sep. 5, 1940.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I. O. O. F. Cemetery.

18. (a) Signature of funeral director J. S. Clark
 (b) Address 5025 King Hill Ave. St. Joseph, Mo.

19. (a) Sep 4 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3rd day Sept
 year 1940 hour 4- minute 30 P M.

21. I hereby certify that I attended the deceased from 8-20
 _____, 1940, to 9-3-, 1940

that I last saw him alive on 9-3-, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage.

Due to rupture vessel - 8 J. P.

Due to _____

Other conditions Immediate death Paralysis
(Include pregnancy within 3 months of death)
Insol

Major findings: Of operations None

Of autopsy Physical diagnosis

Duration

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?

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

23. Signature B B Simmons (M. D. or other) imp
 Address St Joseph Mo Date signed 9/9/40

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

MOTHER FATHER

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Fred W. Clark

Licensed Embalmer No. 1273

P. O. Address St. Joseph, 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, fact should be so stated above.