FILED OCT 12 1940

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31810

Registration District No. 218 | Primary Registration District No. 3015 | Registrar's No. 102

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

1. PLACE OF DEATH:

(a) County: Cooper
(b) City or town: Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)
In this community 27 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cooper
(c) City or town: Blackwater
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ---- years.

3. (a) PRINT FULL NAME: Martin R. Huffman.

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

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs. Zula Huffman.
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: Sept. (Month) 1" (Day) 1867 (Year)

8. AGE: Years 73 | Months | Days 20 | If less than one day ___ hr. ___ min.

9. Birthplace: Alderson (City, town, or county) West Virginia. (State or foreign country)
10. Usual occupation: Merchant.
11. Industry or business: General Store.

MOTHER FATHER
12. Name: Washington Huffman.
13. Birthplace: Virginia. (City, town, or county) (State or foreign country)
14. Maiden name: Mary Ellen Bibb.
15. Birthplace: Virginia. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. M. R. Huffman.
(b) Address: Blackwater, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 24"/40 (Month) (Day) (Year)
(c) Place: burial or cremation: Walnut Grove Cem.
18. (a) Signature of funeral director: Goodman & Collier
(b) Address: Boonville, Mo.
19. (a) 9-25-40 (Date received local registrar) (b) D. S. Hooper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21" year 1940 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from September 18, 1940, to Sept 21, 1940; that I last saw him alive on 9/21/40 9 pm, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mesenteric thrombosis	6 days
Due to: cause ?	
Due to:	
Other conditions (Include pregnancy within 3 months of death): chronic myocarditis	6 yrs.
Major findings: Of operations: Thrombosis of vessels to a 2 foot segment of lower ileum	
Of autopsy: None	

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: [illegible] (M. D. or other) MD
Address: Boonville, Mo Date signed 9/23/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-9-40

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 G. F. Boller

Licensed Embalmer No. 3067

P. O. Address Boonville, 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.