

FEB 14 1941 STANDARD CERTIFICATE OF DEATH

State File No. **2573**

Registration District No. **318**

Primary Registration District No. **2001**

Registrar's No. **13**

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

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1030 Mt. Vernon
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none**
(Specify whether
In this community **47** years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
Springfield
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **1030 Mt. Vernon**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

Jan. 5th.

20. DATE OF DEATH: Month **Jan.** day **5th.**
year **1941** hour **4** minute **50** A.M.

21. I hereby certify that I attended the deceased from **Jan - 2**, 19**41**, to **Jan 5**, 19**41**,
that I last saw him **alive** on **Jan 4**, 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Broncho-pneumonia 3 days**
Influenza 4 days
Due to _____
Due to _____
Other conditions: **arterio sclerosis**
(Include pregnancy within 3 months of death)

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

3. (a) PRINT FULL NAME **George Huxley**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Annie Noakes Huxley** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **July 3 1860**
(Month) (Day) (Year)

8. AGE: Years **80** Months **6** Days **2** If less than one day hr. _____ min. _____

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

10. Usual occupation **Retired Grocery**

11. Industry or business **Business**

12. Name **Edd Huxley**
13. Birthplace **Unknown / New York**
(City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Annie Huxley**

(b) Address **1030 Mt. Vernon**

17. (a) **Burial** (b) Date thereof **1/8/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Clear Creek (cem)**

18. (a) Signature of funeral director **Dunn Funeral Home**

(b) Address **Springfield**

19. (a) **1-8-41** (b) **W. E. Handley**
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations: _____
Of autopsy: _____

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?
NO
While at work? _____ (Specify type of place)
(e) Means of injury _____
Signature **Arthur Knight** (M. D. or other) **MD**
Address **450 S. E. Conil** Date signed **1/7/41**

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 Rayd W. Fox

Licensed Embalmer No. 2910

P. O. Address 679 W Walnut

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.

X