

No. 2  
-11-10-39  
5-17-39  
P1 X2142

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **6575**  
Registrar's No. **34**

Registration District No. **135** Primary Registration District No. **3010**

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

1. PLACE OF DEATH:  
(a) County **Carroll**  
(b) City or town **Carrollton**  
(If outside city or town limits, write "RURAL" and name of township)  
(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 \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME **Alvin Peter Huff**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Pose Peoples** 6. (c) Age of husband or wife **alive** \_\_\_\_\_ years  
7. Birth date of deceased **Unknown**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**About 77 yrs.** hr. \_\_\_\_\_ min.  
9. Birthplace **Carroll Co. Mo.** (City, town, or county) (State or foreign country)  
10. Usual occupation **Retired Stockman**

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name **Unknown**  
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 **Grover Huff**  
(b) Address **Kansas City, Mo.**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **2-23-41** (Month) (Day) (Year)  
(c) Place: burial or cremation **Big Creek Cem.**  
18. (a) Signature of funeral director **Stanley**  
(b) Address **Carrollton, Mo.**  
19. (a) **2-24-41** (Date received local registrar) (b) **W. H. Askin** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Carroll**  
(c) City or town **Carrollton** (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) **0**  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Feb.** day **20** year **1941** hour **3:54** minute **AM** M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**  
Due to **Body found in bed. History of Hemorrhage 6 years ago.**  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? **130** (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature **W. E. Smith** (Name) **D.O.** (Degree)  
Address **Terra, Mo.** Date signed **2-21-41**

RECEIVED  
DISTRICT HEALTH OFFICER No. 8,  
District File Number  
Date Filed 3-5-41

**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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, Ga.

**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.**