

No. 2  
4-13-40  
5-17-39  
I X 1939

Dr. Sewell

10669

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

APR 3 1941 318  
Registration District No. \_\_\_\_\_

Primary Registration District No. 2001

Registrar's No. 196

39  
2  
6  
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: St. John's Hosp. 0  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Albert H. Huchteman  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. none

4. Sex Male 0 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Olive Huchteman  
 6. (c) Age of husband or wife if alive 45 years  
 7. Birth date of deceased March 13 1892  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>11</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Unknown Iowa 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
 12. Name John H. Huchteman  
 13. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)  
 14. Maiden name Anna Sathoff  
 15. Birthplace Unknown Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Olive Huchteman  
 (b) Address Dadeville, Mo.

17. (a) Burial (b) Date thereof March 9 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dadeville, Mo.

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 3-9-41 (b) W. E. Handley M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Dade 29  
 (c) City or town Dadeville 0  
(If outside city or town limits, write "RURAL") 0  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8  
 year 1941 hour 4 minute 1 a.m.

21. I hereby certify that I attended the deceased from Feb. 19  
1941 to March 7 1941  
 that I last saw him alive on March 7 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia following  
Shens 500 500 500  
Duration

Due to nephrectomy left kidney  
for

Due to hypernephroma of left kidney (primary)  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: hypernephroma of left kidney  
Shens. Metastasis to pedicle + glands of lumbar  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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? 984

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

23. Signature W. A. Sewell (M. D. or other) MD  
 address Springfield, Mo. Date signed 3-8-41

**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

*James A. Roberson*  
Licensed Embalmer No. *4185*  
P. O. Address *Springfield, 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.**