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4-41
7-39
X2390

State File No. _____

LED APR 28 1941

Registration District No. 687 Primary Registration District No. 44411 Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Eolia

(c) Name of hospital or institution: none

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no

In this community about 50 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Laura F. Huff

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John H. Huff

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June 6 1871

(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 24

If less than one day hr. min.

9. Birthplace Pike Co Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name John A. Clifton

13. Birthplace Ky.

(City, town, or county) (State or foreign country)

14. Maiden name Mary Moore

15. Birthplace Pike Co Mo.

(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Huff

(b) Address Eolia Mo.

17. (a) Burial (b) Date thereof 4-1-1941

(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Wm. G. Woods

(b) Address Eolia Mo.

19. (a) MAY 31 1941 (b) W. M. Woods

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pike

(c) City or town Eolia Mo.

(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th

year 1941 hour 11:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from Feb 20 1941 to March 30 1941

that I last saw her alive on March 30 1941

and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of sigmoid

Duration 1 year

Due to _____

Due to _____

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? no

(Specify type of place) _____

While at work? _____ (a) Means of injury _____

23. Signature Donald G. Hazzard (M. D. or other) MD

Address Eolia, Mo. Date signed 3/31/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 4-41-831

Date Filed APR 14 1951

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 Norman E. Gooch

Licensed Embalmer No. 2342

P. O. Address Eolia - Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.