

1941 STANDARD CERTIFICATE OF DEATH

State File No. 14411

Registration District No. 272

Primary Registration District No. 4165

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Dorcas Huffman Hartin

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Dal Hartin 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 3 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 6 If less than one day hr. _____ min. _____

9. Birthplace Little Beaver Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Juffman
13. Birthplace Little Beaver Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Magdolene Boyer
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lolus L. Bragg
(b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 4-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Huffman

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Missouri

19. (a) 4-19-1941 (b) Reba Key White
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 39
(c) City or town Ava 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A? _____ years. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9
year 1941 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on 4-9, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure

Due to Chronic Myocarditis

Due to Hypertension

Other conditions Aspirin
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

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? 976

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

23. Signature M.C. Gerling (M. D. or other) MD
Address Ava Date signed 4-11-41

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

Dr. M. C. Genery

RECEIVED

District Health Officer No. 6,

District File Number *541-680*

Date Filed *May 2 1941*

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.