No. 2
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X23159

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

FILED MAY 5 1941 FILED MAY 5 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14752

State File No. 2

Registration District No. 1034 Primary Registration District No. 5547 Registrar's No. 7

1. PLACE OF DEATH:
(a) County Iron Liberty Tp
(b) City or town Chloride
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Iron 47
(c) City or town Chloride 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Owen Huff
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 7, 1877 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	3	29	hr. min.

9. Birthplace Chloride Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Robert Huff
13. Birthplace unknown 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth McNeeley
15. Birthplace Jefferson Co. 0 Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Elizabeth Huff
(b) Address Chloride Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/41 (Month) (Day) (Year)
(c) Place: burial or cremation Chloride Mo.
18. (a) Signature of funeral director Norman White & Sons
(b) Address R. S. White Ironton Mo.
19. (a) April 15, 1941 (Date received local registrar) (b) Mrs Julia Colyott (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6 year 1941 hour 5 minute A M.
21. I hereby certify that I attended the deceased from Feb. 20, 1941, to April 6, 1941; that I last saw him alive on April 5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Cerebral Hemmorhage

Due to

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

834

23. Signature C. M. Fitzpatrick (M. D. or other) CMD
Address Lesterville, Mo Date signed 4/12/41

(Licensed Embalmer's Statement on Reverse Side)

JUL 9 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

was not embalmed, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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

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