No. 2
-1-4-41
-17-39
X26390

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

FILLED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17373

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2035

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Menorah Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 11 days (Specify whether) In this community 11 days (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Lyon 999

(c) City or town Emporia (If outside city or town limits, write "RURAL") 14

(d) Street No. 705 West Washington Drive (If rural, give location) 2

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

If yes, name country ------

3. (a) PRINT FULL NAME Judge William Lloyd Huggins

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Emma Spohr Huggins 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May (Month) 14 (Day) 1865 (Year)

8. AGE: Years 76 Months 0 Days 9 If less than one day ___ hr. ___ min.

9. Birthplace Highland County (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Lawyer and Head

11. Industry or business Kansas Industrial Court

FATHER
12. Name Milton Huggins Huggins
13. Birthplace Scotland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah De Bell
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emma Spohr Huggins
(b) Address 705 W. Washington Drive

17. (a) Emporia Kansas (Burial, cremation, or removal) (b) Date thereof May 24 (Month) (Day) (Year)
(c) Place: burial or cremation Emporia Kansas

18. (a) Signature of funeral director D W Newcomers
(b) Address 1401 Brush Creek Blvd.

19. (a) May 24, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd year 1941 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from May 12, 1941, to May 23, 1941; that I last saw him alive on May 23, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia (Renal Anuria - Post Operative)

Due to Trans-Uretha - Prostatic Resection May 9-41

Due to Diabetes

Other conditions (Include pregnancy within 3 months of death) 137

Major findings: Of operations Enlarged Prostate - Benign

Of autopsy No

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

23. Signature [signature] M.D. (or other)

Address 1019 Prof Bldg Date signed 5/24/41

(Licensed Embalmer's Statement on Reverse Side)

10:30-3

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 H. C. Newcomer

Licensed Embalmer No. 4043

P. O. Address K.C. Mo

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.