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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22541

FILED JUL 14 1941

Registration District No. 744 Primary Registration District No. 5976 B Registrar's No. 63

1. PLACE OF DEATH:
(a) County Ray
(b) ~~City or town~~ Henrietta
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community all life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray
(c) City or town Henrietta
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME JACOB B. HUFFMAN
3. (b) If veteran, name war None
3. (c) Social No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased November 28, 1856 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
84	6	5	hr. ..... min.

9. Birthplace Unknown (City, town, or county) / Iowa (State or foreign country)
10. Usual occupation Retired Carpenter
11. Industry or business .....
FATHER
12. Name Oswald Huffman
13. Birthplace Albia, (City, town, or county) / Iowa (State or foreign country)
MOTHER
14. Maiden name Mary Huffman
15. Birthplace Unknown (City, town, or county) / Indiana (State or foreign country)
16. (a) Informant Joe Lunsford
(b) Address Henrietta, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Lexington, Mo.
18. (a) Signature of funeral director [illegible]
(b) Address Richmond, Missouri
19. (a) June 25 '41 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1941 hour 10:30 minute A. M.
21. I hereby certify that I attended the deceased from October 29, 1929 to June 23 rd 1941 that I last saw him alive on June 23rd 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Sclerosus	
Due to Chronic Endo-Carditis	
Due to Advanced Age	
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? .....
While at work? ..... (Specify type of place) (e) Means of injury .....
23. Signature [illegible] (M. D. or other)
Address Henrietta, Mo. Date signed 6/23/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-12-41

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 ~~XXXX~~ ....., Registered Apprentice No. ..... working under my personal supervision.

Signed E. Thurman

Licensed Embalmer No. 2073

P. O. Address Richmond, Mo.

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

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