

No. 2
1-13-40
17-39
X23159

244604459

State File No. _____

1941 AUG 7 1941 8

Registration District No. _____

Primary Registration District No. 203

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Karsaw Rural
(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 2 years!
years, months or days

3. (a) PRINT FULL NAME Fred M. Huff

3. (b) If veteran, name war World War 3. (c) Social Security 489-16-9849

4. Sex male 5. Color or race wh 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Carina Huff 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased May 22 1885
(Month) (Day) (Year)

8. AGE: Years 56 Months 1 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Saline Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation retired business agent

11. Industry or business _____

12. Name Carina Huff

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carina Huff

(b) Address 9012 Wilson Rd. Hts. Mo.

17. (a) burial (b) Date thereof 7-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hyattsville (home)

18. (a) Signature of funeral director Fred M. Huff

(b) Address Karsaw Mo.

19. (a) 7/19/41 (b) Geo. D. Logan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Benton
(c) City or town Karsaw Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Fristoe Trp.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

that I last saw h _____ alive on none and that death occurred on the date and hour stated above.

Immediate cause of death Chronic mitral stenosis

Due to Thrombosis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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 W. H. Huff (M. D. or other) _____

Address Karsaw Mo. Date signed 7-2-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

8000

00800

RECEIVED

District Health Officer No. 7,

District File Number 8-41-1214

Date Filed 8-4-41

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, or by _____

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 4098

P. O. Address Warsaw

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

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