Fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

17-7111-s 1-39—50M

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

DO NOT WRITE 28603 IN THIS SPACE

STATE BOARD OF HEALTH ms.
Division of Vital Statistics, State of [redacted]

Registrar's No. 411 2002

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin Mo. (If outside city or town limits, write RURAL)
(c) Name of hospital or institution: St Johns Hosp (If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Lifetime years, months or days)

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

3 (a) FULL NAME Fred Marvin Huddleston
3 (b) If veteran, name war ✓
3 (c) Social Security No. ✓
4. Sex Male
5. Color or race White
6 (a) Single, widowed, married, divorced ✓
6 (b) Name of husband or wife ✓
6 (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Aug (Month) 8 (Day) 1941 (Year)
8. AGE: Years | Months | Days 6 | If less than one day ..... hr. ..... min.
9. Birthplace Joplin (City, town or county) Mo (State or foreign country)
10. Usual occupation ✓
11. Industry or business ✓
FATHER
12. Name Marvin Huddleston
13. Birthplace ✓ (City, town or county) Kansas (State or foreign country)
MOTHER
14. Maiden name Wilda Tithias
15. Birthplace ✓ (City, town or county) Kansas (State or foreign country)
16 (a) Informant's own signature Marvin Huddleston
(b) Address Baxter Springs Ks.
17 (a) Removal (Burial, cremation or removal) (b) Date thereof Aug 14 1941 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Baxter Cemetery (Kansas)
18 (a) Signature of funeral director Walter Hoskins
(b) Address Baxter Springs Ks
19 (a) 8-21-41 (Date received local registrar) (b) Ed D Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month Aug. day 14th year 1941 hour 7:30 P.M. minute
21. I hereby certify that I attended the deceased from Aug. 8th, 1941, to Aug 14th, 1941 that I last saw he alive on Aug. 14th, 1941, and that death occurred on the date and hour stated above.

DURATION

Immediate cause of death Congenital Abscess of the colon
Due to
Due to
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.

12313

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 O. L. Martin (M. D. ~~or other~~)
Address Baxter Springs, Kansas Date signed 8/20/41

41-9-765

No. 2B
-8-21-41
I X29288

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. 28603

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Johns Hosp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days) In this community 6 days

2. USUAL RESIDENCE ~~OF DECEASED~~: Parento
(a) State Kan (b) County Cherokee
(c) City or town Baxter Spgs (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 Fred M. Huddleston
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug 8 (Month) (Day) 1941 (Year)
8. AGE: Years Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 8-21-41 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 14 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 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
Due to	
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)
(b) 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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-28603