

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

2
41
39
26390

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31460

State File No. _____

Registrar's No. 96

Registration District No. 974

Primary Registration District No. 5887

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava Campbell
(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 51 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Ava Rural
(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 Jess J. Huffman

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Alice Huffman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 3, 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Laclede County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Matt Huffman

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 J. E. Huffman
(b) Address R. Ava, Mo.

17. (a) Burial (b) Date thereof 9-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springcreek

18. (a) Signature of funeral director Clinkingbeard Funeral Home
(b) Address Ava, Mo.

19. (a) 9-18-1941 (b) Reba K. White
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31 year 1941 hour 4: minute A.M.

21. I hereby certify that I attended the deceased from 7-25-41 to 8-25-41

that I last saw him alive on Aug 25 and that death occurred on the date and hour stated above.

Immediate cause of death Insipient Diabetic Duration _____

Due to _____

Due to _____

Other conditions 61
(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 J. L. Gentry (M. D. or other) _____

Address Ava Mo Date signed 9-8-41

716 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 1041-1529

Date Filed OCT 2 1921

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.....

W B Heston

Licensed Embalmer No. 3431

P. O. Address.....

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.