

No. 2  
-1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
JAN 15 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

41428

State File No. \_\_\_\_\_

Registrar's No. 1203

Registration District No. 85

Primary Registration District No. 1001

**1. PLACE OF DEATH:**

(a) County Buchanan,

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

(c) Name of hospital or institution:  
317 North 9th Street,  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 35 years,  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri, (b) County Buchanan //

(c) City or town Saint Joseph,  
(If outside city or town limits, write "RURAL")

(d) Street No. 317 North 9th Street, 7  
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** William Oscar Huffman,

3. (b) If veteran, name war None,

3. (c) Social Security No. 707-09-6351

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month December day 18th.  
year 1941 hour 11:00 minute 50p. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Otoline Huffman,

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased October 10th, 1879.  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>62</u>	<u>2</u>	<u>8</u>	hr. _____ min.

21. I hereby certify that I attended the deceased from Aug 1941  
Dec 18 1941, to Dec 18 1941

that I last saw him alive on Dec 18 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration Sudden

Due to Arteriosclerosis

General.

Due to \_\_\_\_\_

9. Birthplace Whitesville, Missouri,  
(City, town, or county) (State or foreign country)

10. Usual occupation Flagman,

11. Industry or business Railroad

MOTHER FATHER { 12. Name Robert Huffman,

13. Birthplace Andrew County, Missouri,  
(City, town, or county) (State or foreign country)

14. Maiden name Alice Sifton,

15. Birthplace Andrew County, Missouri.  
(City, town, or county) (State or foreign country)

Other conditions Myocarditis chr. Several  
(Include pregnancy within 6 months of death) sp.

Major findings: Hypertension Primary **PHYSICIAN**

Of operations \_\_\_\_\_

Of autopsy none 93d

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Tom O Huffman

(b) Address 317 North 9th Street,

17. (a) Burial (b) Date thereof 12/22/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Auburn Cemetery

18. (a) Signature of funeral director Edison Braden, Bowman, Sumner

(b) Address 319 So. 10th Street, Hoyle

19. (a) 2-22-1941 (b) A. J. [Signature]  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

22. Signature E. M. Shores (M. D. or other) MD.

Address 317 Kirkpatrick Bldg Date signed 12-22-41

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

MAR 5 1942

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 12-18-41

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Wm J. Sumner

Licensed Embalmer No. 3007

P. O. Address 319 So 10 St Joseph Mo

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.