V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

13376

State File No.

FILED MAY 12 1942

Registration District No. 1029

Primary Registration District No. 1002

Registrar's No. 1645

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St Joseph Hospital (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution 11 Days (Specify whether

In this community 11 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4K

(c) City or town Martin City (If outside city or town limits, write "RURAL") 3

(d) Street No. (If rural, give location) 1

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

If yes, name country

3. (a) PRINT FULL NAME HUFFMAN, THOS. J.

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male D

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Minnie Huffman

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Jan (Month) 8 (Day) 1893 (Year)

8. AGE: Years 49 Months 3 Days 18 If less than one day hr. min.

9. Birthplace (City, town, or county) Minn 1 (State or foreign country)

10. Usual occupation Barber

11. Industry or business own shop

FATHER
12. Name Jacob Huffman
13. Birthplace (City, town, or county) Ind. 1 (State or foreign country)

MOTHER
14. Maiden name Olive Pritchard
15. Birthplace (City, town, or county) Wisconsin 1 (State or foreign country)

16. (a) Informant L. W. Huffman

(b) Address 6914 E 37 St K. C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 29, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cem.

18. (a) Signature of funeral director E. K. George + Sons

(b) Address Grandview, Mo.

19. (a) 4-27-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1942 hour 7 minute 26 P M.

21. I hereby certify that I attended the deceased from 4-17-42 to 4-26, 1942, 19 that I last saw him alive on 4-26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolus

Due to Coronary Occlusion

Due to C. Mural Thrombus

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations

Of autopsy above findings

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) MD

Address KC Mo Date signed 4-27-42

361 (Licensed Embalmer's Statement on Reverse Side)

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.....A. K. George.....

Licensed Embalmer No.....3646.....

P. O. Address.....Guardview, 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.