

~~1942~~ AUG 7 1942

Registration District No.

Primary Registration District No. 3007

12
7
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Butler st.

(b) City or town Poplar Bluff, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
879 Maple 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 21 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri Street (b) County Butler Co. 12
7

(c) City or town Poplar Bluff, Mo. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 879 Maple Street
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James Calvin Huff Sr.

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife.....
Mrs. Frances Huff

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased August 10, 1860.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 11 14 hr. min.

9. Birthplace Louisiana, Mo. No. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Lumber Buyer

MOTHER FATHER { 12. Name George Calvin Huff

{ 13. Birthplace Penn. /
(City, town, or county) (State or foreign country)

{ 14. Maiden name Lavina Rains

{ 15. Birthplace Penn. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Bullock

(b) Address Poplar Bluff, Mo.

17. (a) Burial (b) Date thereof July 26, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Frank Undertaking Co.

(b) Address 412 Vine Street Poplar Bluff, Mo.

19. (a) 7-22-42 (b) Belle Kimmel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24
year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from
July 22 1942 to July 24 1942
that I last saw him alive on July 23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 3 weeks

Due to..... 107

Due to.....

Other conditions Uraemia -
(Include pregnancy within 3 months of death)
Prostatic Hypertrophy

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 Davis H. Pardoll (M. D. certificate)
Address 215 Oak St. Poplar Date signed July 25, 1942

RECEIVED

District Health Office No: 2

District File Number 8-42-952

Date Filed 8-4-42

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

George W. Greer

Licensed Embalmer No. 2964

P. O. Address Explor Ship

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.