

Registration District No. 1942

Primary Registration District No. 3093

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 401 Hamilton 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(If outside city or town limits, write "RURAL")
(d) Street No. 401
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1942 hour 1.5 minute 0 A. M.

21. I hereby certify that I attended the deceased from June 4
1942 to July 19 - 1942
that I last saw her alive on July 15 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Chr. Myocarditis
Duration 2 yrs

Due to _____
Due to _____ 930

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)
(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. F. Williams (M. D. or other) MD
Address Warrensburg, Mo. Date signed 22-42

3. (a) PRINT FULL NAME Emma Curtiner Huffman

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased: Aug - 5 - 1852
(Month) (Day) (Year)

8. AGE: Years 86 Months 10 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Unknown

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 Mrs. Marnie Graham

(b) Address Warrensburg, Mo.

17. (a) Burial (b) Date thereof July 20 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gion Hill Cemetery - Sweeney-Phillips

18. (a) Signature of funeral director _____ (b) Address Warrensburg, Mo.

19. (a) July 20 - 1942 (b) Self M. Williams
(Date received local registrar) (Registrar's signature)

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

51
22
22

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 8-5-42

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: S Ray Sweeney

Licensed Embalmer No. 1121

P. O. Address Warrensburg

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.