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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27061

State File No.

FILED SEP 11 1942

Registration District No. 101 Primary Registration District No. 5402 Registrar's No. 37

34
0
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County DOUGLAS
(b) City or town CLAY TWP. - RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 46 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DOUGLAS 34 0
(c) City or town CLAY TWP - RURAL 0
(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 0

3. (a) PRINT FULL NAME Sarah Elisabeth 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 William F. Huffman

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

7. Birth date of deceased March (Month) 18 (Day) 1868 (Year)

8. AGE: Years 74 Months 3 Days 13 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Mack Bolt
13. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Isabel Braseal
15. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

16. (a) Informant Isa bell Roy
(b) Address [illegible] Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Prairie Hollow Cem.

18. (a) Signature of funeral director F. A. Steffe
(b) Address Mansfield Mo

19. (a) 9-5-42 (Date received local registrar) (b) Thelma S. Waters (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1942 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 1st 1942, to July 1 1942
that I last saw h[illegible] alive on June 1st 1942, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart disease — Duration 5 years

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

93 D

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 Do

23. Signature W. A. [illegible] (M. D. or other)
Address Mansfield Mo Date signed 7/31/41

1006 (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~~ NOT

....., Registered Apprentice No.....,

working under my personal supervision.

Signed F.A. Stiffe

Licensed Embalmer No. 3221

P. O. Address Mansfield 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.