S. No. 2
M—2 41
5-1-39
I X29484

30066

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 36

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

1. PLACE OF DEATH:

(a) County Cedar

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

(c) Name of hospital or institution: 505 S. Kirkpatrick St 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

(c) City or town El Dorado Springs 1 (If outside city or town limits, write "RURAL")

(d) Street No. 505 S. Kirkpatrick 0 (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MALISSIE JANE HUFF

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 married

6. (b) Name of husband or wife Columbus Huff

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased July (Month) 4 (Day) 1875 (Year)

8. AGE: Years 67 Months 2 Days 17 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Aaron Staling 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Columbus Huff

(b) Address 505 S. Kirkpatrick, El Dorado Spgs. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-22-42 (Month) (Day) (Year)

(c) Place: burial or cremation Harriman (Cem)

18. (a) Signature of funeral director Gwinn-Sidens

(b) Address El Dorado Springs Mo

19. (a) 9-21-42 (Date received local registrar) (b) L T Dunaway (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20 day September year 1942 hour 1:30 P.M. minute — M.

21. I hereby certify that I attended the deceased from 9-12-42, 19, to 9-19, 1942 that I last saw her alive on 9-19, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza — Duration 8 Da

Due to Unknown

Due to Unknown

Other conditions (Include pregnancy within 3 months of death) 330

Major findings: Of operations None

Of autopsy No

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 0

23. Signature J. W. Richardson (M. D. or other)

Address Tiffin Mo Date signed 9-20-42

1048 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 70-42-1124
Date Filed 10-12-42

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~~ Body not Embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed: [illegible]

Licensed Embalmer No. 2034

P. O. Address El Dorado Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30066

Registration District No. 61 Primary Registration District No. 4107 Registrar's No. 26

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

1. PLACE OF DEATH:

(a) County Cedar

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

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

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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

3. (a) PRINT FULL NAME Malissie J. Huff

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 4 (Day) 18 (Year)

8. AGE: Years 67 Months 2 Days 10 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

by L. T. Dunaway MA 10-9-42

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from
19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
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)
(b) 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 J. W. Richardson (M. D. or other)
Address Tipton Mo Date signed

SUPPLEMENTARY