S. No. 2
M—9-4-41
v. 5-17-39
I X29484

97
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

31485

State File No.

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 146

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: 573 South English (If not in hospital or institution, write street number or location)

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

In this community 20 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Marshall (If outside city or town limits, write "RURAL") 2

(d) Street No. 573 South English (If rural, give location)

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

If yes, name country ✓ 0

3. (a) PRINT FULL NAME CLARA C. HUFF

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race Wh

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

6. (b) Name of husband or wife Lee C. Huff

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July (Month) 6 (Day) 1874 (Year)

8. AGE: Years 68 Months 2 Days 9 If less than one day ..... hr. ..... min.

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

10. Usual occupation House Wife

11. Industry or business ✓

FATHER
12. Name Frank C. Turner
13. Birthplace Williamstown (City, town, or county) Ky (State or foreign country) 1

MOTHER
14. Maiden name Mary L. Williams
15. Birthplace Williamstown (City, town, or county) Ky (State or foreign country) 1

16. (a) Informant Hazel Huff Barr

(b) Address Marshall Mo. R 3 #

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-19 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Slater Mo.

18. (a) Signature of funeral director Campbell-Lewis

(b) Address Marshall Mo.

19. (a) 9-18-42 (Date received local registrar) (b) Mrs T. O. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15th year 1942 hour 6 minute 15 P M.

21. I hereby certify that I attended the deceased from Nov 1 1941 to Sept 15 1942 that I last saw h. or alive on Sept 14 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	6 mos
Due to	
Due to	
Other conditions Obesity (Include pregnancy within 3 months of death)	20 y

Major findings:
Of operations
Of autopsy

93d

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)

Address Marshall Date signed 9/16/42

1215

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 10-9-42

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 R. W. Campbell

Licensed Embalmer No. 3469

P. O. Address Marshall 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.