

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 10 1942

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Washington Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hospital No. 3 Nevada  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 mo 14 days  
(Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 727 West Scott  
(If rural, give location)  
(e) Citizen of foreign country? — (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME LOUISE Jane Huffman

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

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced, Widowed

(b) Name of husband or wife..... (c) Age of husband or wife if

7. Birth date of deceased April 8th 1880  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>5</u>	<u>10</u>	hr. min.

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

10. Usual occupation House work

11. Industry or business

MOTHER FATHER  
12. Name Harvey Gates  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Adeline Copher  
15. Birthplace Arkansas  
(City, town, or county) (State or foreign country)

16. (a) Informant State Hospital Records  
(b) Address Nevada, Mo

17. (a) Removal (Burial, cremation, or removal) Date thereof Sept 18, 1942  
(Month) (Day) (Year)  
(c) Place: burial or cremation Salvador, Mo

18. (a) Signature of funeral director Erwin Blue  
(b) Address Salvador, Mo

19. (a) Sent 18, 1942 (Date received local registrar) (b) Elizabeth Breckenridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18th  
year 1942 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from June 4th 1942 to Sept 18th 1942  
that I last saw her alive on Sept 18th 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Bleeding Pneumonia

Due to.....

Due to.....

Other conditions Luetic mening, Encephalitis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 30 lb  
Of autopsy.....

Duration

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 G. S. Waraich (M. D. or other).....  
Address Nevada, Mo Date signed 9/19/42

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

108  
0  
0

108  
0

1251

RECEIVED

District Health Officer No. 71

District File Number 10-42-1082

Date Filed 10-6-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate <sup>will be</sup> ~~is~~ embalmed by me, or by

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

working under my personal supervision.

Signed

*Willard P. Erwin*

Licensed Embalmer No. 3092

P. O. Address *Bellevue, 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.