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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1942

MISSOURI STATE BOARD OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 40552

Registration District No. 1 Primary Registration District No. 3016 Registrar's No. 270

**1. PLACE OF DEATH:**
(a) County: COLE
(b) City or town: JEFFERSON. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Marys Hospital O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day. (Specify whether years, months or days) In this community

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: Monitean 68
(c) City or town: Russellville Rural (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: DENNIS G. HUFFENDIEK.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: Male.
5. Color or race: White
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Nov. (Month) 7. (Day) 1938 (Year)

8. AGE: Years 4 Months 1 Days 6 If less than one day hr. min.

9. Birthplace: Russellville (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name: Herbert Huffendiek
13. Birthplace: Russellville (City, town, or county) Mo. O (State or foreign country)
14. Maiden name: Lindsey Stokes
15. Birthplace: Russellville (City, town, or county) Mo. O (State or foreign country)
16. (a) Informant: Herbert Huffendiek
(b) Address: Russellville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 10-42 (Month) (Day) (Year)
(c) Place: burial or cremation: ENLOE Cem
18. (a) Signature of funeral director: [illegible]
(b) Address: Russellville Mo
19. (a) 12-10-42 (Date received local registrar) (b) Thorma Richter (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 8 year 1942. hour 3 minute 45 P.M.
21. I hereby certify that I attended the deceased from Dec. 7 1942, 19..., to Dec. 8 1942, 19..., that I last saw h... alive on ..., 19..., and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to: Peritonitis — 10 days
Due to: Appendicitis
Gangrenous
Other conditions (Include pregnancy within 3 months of death): 1211

Major findings:
Of operations: Gangrenous appendix
Of autopsy: with peritonitis

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: [illegible] (M. D. or Other)
Address: Jefferson City Mo Date signed Dec 10 1942

894 (Licensed Embalmer's Statement on Reverse Side)

JAN 4 1943

## 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 G N Stiffens

Licensed Embalmer No. 2307

P. O. Address Russellville Ma

**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.**