

FILED JAN 11 1943

Registration District No. **206**

Primary Registration District No. **5745**

Registrar's No. **81**

62  
00  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Rural - Central town  
(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 years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

(c) City or town Rural - Central town  
(If outside city or town limits, write "RURAL")

(d) Street No. 7 miles southeast of Mill Creek, Mo.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Henry Huggins

3. (b) If veteran, name war \_\_\_\_\_ X

3. (c) Social Security No. \_\_\_\_\_ X

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Essie Huggins

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased March 25 1886  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	8	12	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farming

12. Name William Huggins

13. Birthplace Unknown Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Laura Muchin

15. Birthplace Unknown Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Essie Huggins

(b) Address R.F.D. Mill Creek, Mo.

17. (a) Burial (b) Date thereof 12-8-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison Co., Mo.

18. (a) Signature of funeral director Stanley H. Dixon

(b) Address Fredericktown, Mo.

19. (a) Dec 9 - 1942 (b) S. C. Slaughter  
(Date received local registrar) (Registrar's Name)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7th.  
year 1942 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1st 1942 to Dec 7 1942  
that I last saw an alive on Jan 1st 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of left eye

Due to \_\_\_\_\_

Due to 552

Other conditions (Include pregnancy within 3 months of death)

Major findings: Chorea Anemia

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

2 yr

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 Mary Barron (M. D. or other) \_\_\_\_\_

Address Fredericktown Mo Date signed Dec 8 42

RECEIVED

District Health Officer No. 4  
District File Number 143-1630  
Date Filed 8-43

967 7  
1955

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 Embalmed)*

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

working under my personal supervision.

Signed Stanley A. Dixon

Licensed Embalmer No. 4193

P. O. Address Fredricktown, 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.