No. 2
—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1707

Registration District No. 43 Primary Registration District No. ~~40~~ 5142 Registrar's No. 31

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Near Neelyville Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Neely Twp (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 ~~30 yrs.~~

2. USUAL RESIDENCE OF DECEASED:
(a) State Ark. (b) County Clay
(c) City or town Corning (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 Calvin A. Huddleston
3. (b) If veteran, name war ✓
3. (c) Social Security No. No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rachel Huddleston
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased Dec. 8 1910 (Month) (Day) (Year)
8. AGE: Years 32 Months 1 Days 15 If less than one day hr. min.
9. Birthplace Holcomb (City, town, or county) Mo. (State or foreign country)
10. Usual occupation City Marshall
11. Industry or business
MOTHER FATHER
12. Name John H. Huddleston
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Allie Harris
15. Birthplace Ark. (City, town, or county) (State or foreign country)
16. (a) Informant Rachel Huddleston
(b) Address Corning, Ark.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-26-43 (Month) (Day) (Year)
(c) Place: burial or cremation Corning Ark.
18. (a) Signature of funeral director Black's Mortuary
(b) Address Corning Ark.
19. (a) 1-25-43 (Date received local registrar) (b) Bell Stone (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23 1943
year hour 5:00 minute A 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 Traumatism
Due to Driving automobile into side of moving train ✓
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations No a.
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)
(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 Alfred W. Grier Coroner (~~M.D. or other~~)
Address Poplar Bluff Mo 3 Date signed 1-23-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 243-165
Date Filed 2-5-43

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 L. D. Russell

Licensed Embalmer No. 3855

P. O. Address Corning, Ark.

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.

MISSOURI STATE HIGHWAY PATROL

M. STANLEY GINN, SUPERINTENDENT

JEFFERSON CITY

August 24, 1943

Dr. James Stewart
Commissioner
State Board of Health
Jefferson City, Missouri

Attn: Bureau of Vital Statistics

Dear Dr. Stewart:

The records of the Missouri State Highway Patrol show that Elisha Calvin Huddleston, Corning, Arkansas, was fatally injured January 23, 1943, as a result of a motor vehicle accident, which occurred on Highway 67, at a Frisco Railroad crossing, one and one-half miles south of the intersection of Highways 67 and 14, in Butler County, Missouri.

The accident involved a Frisco Railroad train, and a 1935 Ford coach, driven by Chester Hart, Corning, Arkansas, in which Elisha Calvin Huddleston was a passenger.

Yours very truly

M. Stanley Ginn

M. STANLEY GINN
Superintendent

1707