

Registration District 1005149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 3127 Campbell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether)
In this community 35 yrs. (years, months or days)

3. (a) PRINT FULL NAME David V. Huffine

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex M 5. Color or race wh 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Jennie Huffine 6. (c) Age of husband or wife if alive 56 years
Birth date of deceased May 11 - 1885 (Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 23 If less than one day hr. min.

9. Birthplace Millmine Ill. 1 (City, town, or county) (State or foreign country)

10. Usual occupation Decorator

11. Industry or business Self Employed

12. Name Charles T. Huffine

13. Birthplace no record (City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jennie Huffine

(b) Address 3127 Campbell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-'43 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Bentley Mortuary

(b) Address 5811 Trost Ave

19. (a) 3-8-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3127 Campbell
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 4 year 1943 hour 10 minute 10 P. M.

21. I hereby certify that I attended the deceased from June 15 - 1943 to March 4 - 1943 that I last saw him live on 3-4 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration

Due to Chronic Cardio Arteriosclerosis

Due to 95%

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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? _____

While at work (Specify type of place) (e) Means of injury _____

23. Signature M. M. Crowe (M. D. or other) Address 248 Plaza Bank Date signed 3/5-43

Dr/ Grimes -- 248 Plaza Bank

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 Guy Buffington

Licensed Embalmer No. 2758

P. O. Address 15 E 170

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.