

FILED APR 7 1948

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 238

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

1. PLACE OF DEATH:

(a) County S t. Francois
(b) City or town Farmington, RURAL, St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. State Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mos., 3 das
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME JANE ELIZABETH HUFF

3. (b) If veteran, name war No 3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Robert Huff 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased 12 28 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 2 6 hr. min.

9. Birthplace De Soto Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name S. E. McNeely
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Emily Wiley
15. Birthplace Jefferson Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 3-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chloride, Mo.

18. (a) Signature of funeral director Norman White Sons
(b) Address Chloride, Mo.

19. (a) March 7-1943 (b) Byndia Buhmester
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Chloride
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4 year 1943 hour 5 minute 1 A.M.

21. I hereby certify that I attended the deceased from Jan. 23, 1943 to March 4, 1943 that I last saw her alive on March 3, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis, bilateral Duration 8 mo.

Due to _____
Due to _____

Other conditions Semil psychosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy none performed

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 Paul Lockman (M. D. or other) MD
Address Farmington Mo Date signed 3-7-43

1146

RECEIVED

District Health Officer No. 4
District File Number 443-1969
Date Filed 4-5-43

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

Amel J. Volite

Licensed Embalmer No. 3012

P. O. Address

Houston, Tex.

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.