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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 13 1943

Registration District No. 195

Primary Registration District No. 3127

Registrar's No. 30

49
26
20
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Wells City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1615 N. Penn.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community 2 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Okla (b) County 34

(c) City or town Wells (If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____ 2

3. (a) PRINT FULL NAME Thomas M. Huff

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1943 hour 12 minute A M.

21. I hereby certify that I attended the deceased from 3-22, 1943, to 4-4, 1943
that I last saw him alive on 4-4, 1943
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased July 5, 1870
(Month) (Day) (Year)

Immediate cause of death Chronic Anemia

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

72 8 29 hr. min.

Major findings: 13a

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Jasper County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Cotton Gin

11. Industry or business Manager

12. Name T. J. Huff

13. Birthplace Peru, Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Geneva Walker

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

16. (a) Informant Mrs. Mabel Huff

(b) Address 1157 N. Penn Ave, Wells City

17. (a) removal (b) Date thereof Apr 4 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wells City, Okla

18. (a) Signature of funeral director Wells City, Okla

(b) Address Wells City, Okla

19. (a) April 4 1943 (b) Mrs. Lillie Eagle
(Date received by registrar) (Registrar's signature)

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)

(c) Yes (d) No

23. Signature Mrs. Lillie Eagle (M. D. or _____)

Address Wells City, Okla Date signed 4/4/43

(7) 1180

(Licensed Embalmer's Statement on Reverse Side)

43-4-370

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 *myself*

....., Registered Apprentice No.
working under my personal supervision.

Signed *Clayton M. Johnston*
Licensed Embalmer No. *4304*
P. O. Address *Hebb City, 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.