

JUN 7 1943
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

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:
General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether _____)
In this community 30 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town 704 Oak 70th & Mc Lee
(If outside city or town limits, write "RURAL")
(d) Street No. Kansas City
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Huff

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 24
year 43 hour 1 minute 15 A. M.

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

21. I hereby certify that I attended the deceased from May 22, 1943 to May 24, 1943
that I last saw him alive on May 24, 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of race White
6. (a) Single, widowed, married, divorced D. B.

Immediate cause of death _____
Duration _____

6. (b) Name of husband or wife Sophia 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 22 1911
(Month) (Day) (Year)

cerebral hemorrhage
Due to _____

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>9</u>	<u>2</u>	_____ hr. _____ min.

Due to _____

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

Due to _____

10. Usual occupation Retired

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

11. Industry or business _____

Major findings: _____
Of operations _____

12. Name Richard A Huff

Of autopsy _____

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

14. Maiden name Martha Huff

(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? _____

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

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

16. (a) Informant Miss Marie Huff

23. Signature Dwight R. Thom (M. D. or other) _____
Address _____ Date signed _____

(b) Address 1030 Washington RC MO

17. (a) Burial (b) Date thereof 5/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem

18. (a) Signature of funeral director Shaw - Mayberry

(b) Address Lin + Delor

19. (a) 5-27-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Ray E Snow

Licensed Embalmer No. *2560*

P. O. Address *RC 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.