

S. No. 2
DM-542
Rev. 5-17-39
X32875

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28120**

Registration District No. **1001**

Primary Registration District No. **5-393 4173**

Registrar's No. **53**

34
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava Benton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Ida Velma Huffman

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married; divorced Married
6. (b) Name of husband or wife Henry Huffman 6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased March 1, 1909
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>3</u>	<u>26</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name Ruble
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Price
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Huffman
(b) Address Route Ava, Missouri

17. (a) Burial (b) Date thereof 6-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fallen

18. (a) Signature of funeral director Friends
(b) Address Ava, Missouri

19. (a) 8-1-43 (b) Shelma S. Waters
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1943 hour 7; minute 30 P. 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.

Immediate cause of death Wilmia
Due to Essential Hypertension
Due to Acute Myocarditis
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 M. E. Bentley (M. D. or other) _____
Address Ava, Mo Date signed 7-21-43

RECEIVED

District Health Officer No. 6;

District File Number 9453-967

Date Filed 9-9-43

Friends took care of body

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 W.B. Hutchison
Licensed Embalmer No. 3481
P. O. Address One 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.