

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31723**  
Registrar's No. **187**

FILED OCT 7 1943 7

Registration District No. **138**

Primary Registration District No. **4218**

1. PLACE OF DEATH:

(a) County **Henry**  
(b) City or town **Windsor**  
(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) **1**  
(d) Length of stay: In hospital or institution **5 months** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Dealie Clouse Huffman**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Walter Huffman** 6. (c) Age of husband or wife if alive **51** years  
7. Birth date of deceased **January 20 1900**  
(Month) (Day) (Year)

8. AGE: Years **43** Months **7** Days **21** If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **Elizah Clouse**

12. Name **unknown** 13. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Wilson** 15. Birthplace **Benton County Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter Huffman** (b) Address **Windsor, Missouri**

17. (a) (Burial, cremation, or removal) **Burial** (b) Date thereof **9-13-43**  
(City, town, or county) (Year)

(c) Place: burial or cremation **Johnson County, Missouri**

18. (a) Signature of funeral director **Huston-Turner** (b) Address **Windsor, Missouri**

19. (a) **Sept 18, 1943** (b) **Georgia Kitchen**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry**  
(c) City or town **Windsor** (If outside city or town limits, write "RURAL")  
(d) Street No. **305 W. Benton** (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) **No**  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September 11**  
year **1943** hour **8:30 pm** minute **M.**

21. I hereby certify that I attended the deceased from **6-1**  
**1943** to **9-11**, **1943**  
that I last saw her alive on **9-17**, **1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma ovary**  
Duration **?**

Due to **HGA**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **Carcinoma of ovary**

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 **Ray B Jordan** (M. D. or other)  
Address **Windsor Mo** Date signed **9-14-43**

OCT 7 1948

OCT 8 1948

RECEIVED

District Health Officer No. 7,

District No. 7

9-43-998

Date Filed

10-7-43

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

*Elmer M. Zinsler*

Licensed Embalmer No.

3391

P. O. Address

*Windsor No*

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.