

S. No. 2  
M-5-42  
6-17-39  
x3273

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34932**

ED NOV 12 1943  
Registration District No. **56**

Primary Registration District No. **2001**

Registrar's No. **609**

1. PLACE OF DEATH:  
(a) County **Jasper**  
(b) City or town **Joplin**  
(c) Name of hospital or institution: **Freeman Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **No Time**  
(Specify whether  
In this community **No Time**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Kansas** (b) County **Cherokee**  
(c) City or town **Galema**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **239 + Galema Ave**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **?**

3. (a) PRINT FULL NAME **Ruth Ester Huffman**

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month **Oct.** day **30<sup>th</sup>**  
year **1943** hour **8** minute **45 A.M.**

4. Sex **Female**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced, **Single**  
6. (b) Name of husband or wife **Infant**  
6. (c) Age of husband or wife if alive **?** years  
7. Birth date of deceased **Oct. 21 1943**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Until sent her to home** 19...;  
that I last saw her **alive on** 19...;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
			<b>10</b>	hr. min.

Immediate cause of death **Atelectasis**

9. Birthplace **Galema, Kan.**  
(City, town or county) (State or foreign country)

Due to.....  
Due to.....

10. Usual occupation **Infant**

Other conditions (Include pregnancy within 3 months of death) **161a**

11. Industry or business **No**

PHYSICIAN

12. Name **John W. Huffman**

Major findings: Of operations.....

13. Birthplace **Clark Co. Mo.**  
(City, town or county) (State or foreign country)

Of autopsy.....

14. Maiden name **Brenda Johnson**

Underline the cause to which death should be charged statistically.

15. Birthplace **Cherokee Co. Kan.**  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant **John W. Huffman**

(a) Accident, suicide, or homicide (specify).....

(b) Address **Galema - Kan.**

(b) Date of occurrence.....

17. (a) **buried** (b) Date thereof **10/31-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? (City or town) (County) (State)

(c) Place: burial or cremation **Galema Kan**

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director **Frank Allison**

While at work? (Specify type of place) (b) Means of injury **Crowder**

(b) Address **Galema - Mo.**

23. Signature **R. M. Webster** (M. D. or other)

19. (a) **10-31-43** (b) **Antonie Sudhalter**  
(Date received local registrar) (Registrar's signature)

Address **Casthage Mo.** Date signed **Oct 31**

120K

45

48-10-916

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.....

*Removed to Galena Kan* Registered Apprentice No. ....  
working under my personal supervision. *No emb.*

Signed *Frank Allison*

*Kan* Licensed Embalmer No. *1321*

P. O. Address *Galena - Kan*

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.