

FILED DEC 8 1943
Registration District No. 321

Primary Registration District No. 6083

State File No.

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Nelson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr, 3 mo (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Saline
(c) City or town Nelson
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME COLUMBUS FRANKLIN HUFF

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Malisa Jane Huff 6. (c) Age of husband or wife if alive, years
7. Birth date of deceased April - 3 - 1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 14 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER
12. Name Josiah Huff
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence J Huff
(b) Address Nelson mo

17. (a) Burial (b) Date thereof 11-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nelson mo

18. (a) Signature of funeral director Harry Hershberger
(b) Address marshfield mo

19. (a) Nov 17 - 1943 (b) Mrs. W.E. Shackelford
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month nov day 17
year 1943 hour 8 minute 10 A M.

21. I hereby certify that I attended the deceased from Sept 4 1943, to Nov 17 1943
that I last saw him alive on Oct 21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration
Chronic Myocarditis
Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)
Due to

Major findings: 93d
Of operations

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

(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 2

23. Signature J.W. Hunt (M.D. or other) D.D.
Address Bdwin alin Date signed 11-17-1943

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

Licensed Embalmer Officer No. 8,

District File Number.....

Date Filed 12-7-43

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 Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall, 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.