

FILED JAN 5, 1944  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5563

Registrar's No. 2

47  
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0

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

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Rural; Liberty Jimp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
one mile north of Glover  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community life (Specify whether \_\_\_\_\_)  
years, months or days

3. (a) PRINT FULL NAME Rhoda Louise Ann Huff

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex fem 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Newton Huff 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 10 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81	8	28	_____ hr. _____ min.
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9. Birthplace Iron County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name William Pinkley

13. Birthplace unknown 9

14. Maiden name Elvira Smith 9

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

16. (a) Informant William Huff  
(b) Address Glover Mo.

17. (a) burial (b) Date thereof 12-10-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chloride Mo.

18. (a) Signature of funeral director Norman White & Sons  
(b) Address Antel White Ironton Mo.

19. (a) R-16-1943 (b) Mrs. C. G. Van Hall  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. one mile north of Glover  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8  
year 1943 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 13  
\_\_\_\_\_ 1943, to Dec 2, 1943  
that I last saw her alive on Nov. 19, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Gangrene of Toes  
Duration 40 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Valvular insuffi-  
(Include pregnancy within 3 months of death)

Major findings: concy 928  
Of operations \_\_\_\_\_

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)

23. Signature C. M. J. ... M. D.  
Address Pesterville Mo. Date signed 12/10/43

1365

RECEIVED

District Health Officer No. 4  
District File Number 144-3089  
Date Filed 1-4-44

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 Arcey J. White  
Licensed Embalmer No. 3012  
P. O. Address Clinton New

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.