

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 25 1944

Registration District No. 105

Primary Registration District No. 5-4-194177

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Clarkton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution at home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Clarkton
(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 Henry Huffman

3. (b) If veteran, name war World War No I

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1944 hour..... minute 6:00 A. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Flora Huffman

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased July 19 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 28th 1943 to Jan 16th 1944;
that I last saw him alive on Jan 15th 1944
and that death occurred on the date and hour stated above.

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

47	5	27	hr. min.
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Immediate cause of death uremia

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

Due to nephritis Chronic

Duration 1 mo

10. Usual occupation Farming

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

11. Industry or business.....

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

12. Name Thomas Huffman

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Bass

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

16. (a) Informant Flora Huffman

(b) Address Clarkton, Missouri

17. (a) Burial (b) Date thereof 1-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanfield

18. (a) Signature of funeral director Landis Funeral Home

(b) Address Campbell, Missouri

19. (a) Jan 20, 1944 (b) LaVonne Dunn
(Date received local registrar) (Registrar's signature)

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 L. B. Steinhilber M.D.

Address Clarkton, Mo. Date signed 1/16/44

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

35
0
0

DEC 10 1947

FEB 3 1944

FEB 11 1957

JAN 28 1957

MAR 19 1958

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 *Christina M. Landers*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, 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.