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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1, 1944

Registration District No. 1 32

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3021

State File No. 7253

Registrar's No. 216

1. PLACE OF DEATH:
(a) County: Grundy
(b) City or town: Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 217 South Main St
(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)
In this community: 38 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Grundy 40
(c) City or town: Trenton
(If outside city or town limits, write "RURAL")
(d) Street No.: 217 South Main St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: John H Huntsman
3. (b) If veteran, name war: No
3. (c) Social Security No. 708-14-7498
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Kathleen Huntsman
6. (c) Age of husband or wife if alive: 33 years
7. Birth date of deceased: Sept (Month) 22 (Day) 1894 (Year)

8. AGE: Years 49 Months 4 Days 17 If less than one day ____ hr. ____ min.

9. Birthplace: Randolph County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Brakeman
11. Industry or business: Railroad
MOTHER FATHER
12. Name: J. H. Huntsman
13. Birthplace: Randolph County (City, town or county) Mo. (State or foreign country)
14. Maiden name: Ida Rutherford
15. Birthplace: Randolph County (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Kathleen Huntsman
(b) Address: Trenton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 11, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: A & M Trenton Mo.
18. (a) Signature of funeral director: Raymond A Dawes
(b) Address: Trenton Mo.
19. (a) 2-11-44 (Date received local registrar) (b) L. D. Roberts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th year 1944 hour 10:20 minute P M.
21. I hereby certify that I attended the deceased from Dec 1943 to Feb 9 1944 that I last saw him alive on 2-9 1944 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Carcinoma of Pancreas
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: Ca Pancreas + Cancer Common Bile
Of autopsy: Direct

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? (Specify type of place)
While at work?
(e) Means of injury:
23. Signature: Wm A Fraser (M. D. or other) MD
Address: Trenton Mo Date signed 2-12-44

(Licensed Embalmer's Statement on Reverse Side)

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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Raymond A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton Mich.

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.