

Registration District No. **2190**

Primary Registration District No. **5983**

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

1. PLACE OF DEATH:

(a) County **Pulaski**
(b) City or town **Rural Cullen Township**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____ (Specify whether)
In this community **4 years**
years, months or days

3. (a) PRINT FULL NAME **Attie Lucinda Huffman**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Charles Huffman** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 14th, 1879**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 8 3 hr. min.

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

10. Usual occupation **House wife**

11. Industry or business _____

12. Name **James G. Harmon**

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

14. Maiden name **Martha Odell**

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

16. (a) Informant **Chas. Huffman**

(b) Address **Waynesville, Mo.**

17. (a) **burial** (b) Date thereof **2/18/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pisgah Cem.**

18. (a) Signature of funeral director **J. L. Hoops & Sons**

(b) Address **Crocker, Mo.**

19. (a) **Feb 21-1944** (b) **John McLeod**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pulaski**
(c) City or town **Rural Cullen Township**
(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: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **17**
year **1944** hour **1** minute **30** P.M.

21. I hereby certify that I attended the deceased from **Oct** 19**43** to **Feb 16** 19**44**
that I last saw her alive on **Feb 16** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Uterus** **6 mo.**
Duration

Due to _____

Due to _____

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

Major findings: 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? _____

23. Signature **John McLeod** (Specify type of place) **DO**
While at work? (c) Means of injury _____
Address **Crocker, Mo.** Date signed **2-19-44**

1170

MAY 16 1951

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 Paul B. Koops
Licensed Embalmer No. 3261
P. O. Address Waynesville, 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.