

1. PLACE OF DEATH:

(a) County Iron

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

(c) Name of hospital or institution: 1 1/2 mile N. 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
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

(c) City or town Glover
(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 Newt Huff

3. (b) If veteran, name war World War

3. (c) Social Security No. _____

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

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

7. Birth date of deceased Sept. 20 1888
(Month) (Day) (Year)

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

55	5	12	hr. _____ min.
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9. Birthplace Glover Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation fireman

11. Industry or business Lumber mill

12. Name Newton Huff

13. Birthplace Alabama 1
(City, town, or county) (State or foreign country)

14. Maiden name Louise Ann Pinkley

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. Huff

(b) Address Glover Mo.

17. (a) burial (b) Date thereof 3-5-44
(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 Anal White Ironton Mo.

19. (a) March 8, 1944 (b) mastrant E. Howell
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2
year 1944 hour 11 minute 20 A. M.

21. I hereby certify that I attended the deceased from _____
by inquest, 19____, to duties, 19____;

that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Train wreck
(multiple fractures to head and body)

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 047

(b) Date of occurrence 3-2-44

(c) Where did injury occur? 1 1/2 mile North of Glover
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Along Rail Road track

While at work? no (Specify type of place)

(e) Means of injury struck by train

23. Signature W.A. Rossell 3 Coroner
(M.D. or other) (Date signed)

Address Ironton Mo.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

17
0
0

etc

169-8
20

13'6

MAR 2 9 1944

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.....

Arnell J. White

Licensed Embalmer No. *3012*

P. O. Address.....

Durham N.C.

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.