

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 27 1944
Registration District No. 106

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11241
Registrar's No. 148

Primary Registration District No. 2001

19
2
5
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: ST Johns Hospita
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County MCDonald
(c) City or town Anderson MO, R. # 1
(d) Street No. _____
(e) Citizen of foreign country? NO
If yes, name country _____

3. (a) PRINT FULL NAME HAROLD JENNINGS HUFFAKER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Sing'e
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 9, 1905
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 13th, year 1944 hour 5 minute 50 A. M.
21. I hereby certify that I attended the deceased from 1/10/44 to 3/13/44, 19____; that I last saw him alive on 3/13/44, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death Hemorrhage and shock
Duration 12 hrs

8. AGE: Years 35 Months 3 Days 10
If less than one day _____ hr. _____ min.

Due to left para nephritic tubercular abscess.
Due to Pulmonary right upper fibercular lesion.
Other conditions 13 fl
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name Joseph Huffaker
13. Birthplace Missouri
14. Maiden name Louella York
15. Birthplace ILL ###

Major findings: Drainage of left para nephritic abscess.
Of autopsy none
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Archie Huffaker
(b) Address Anderson MO. R. # 1.
17. (a) Burial (b) Date thereof 3-15th, 44
(c) Place: burial or cremation Newbethe? Cemetry

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Chas. W. Williams
(b) Address Goodman
19. (a) 3-15-44 (b) Justus Susholter
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(a) Means of injury _____
23. Signature E. Ernest Johnson
Address 617 F. Riggs Date signed 3/17/44

44-3-230

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 *Mariellen Prickett*
Licensed Embalmer No. *1166*
P. O. Address *Goodman M.*

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.