

U.S. No. 2  
 Form 8-43  
 Rev. 5-17-39  
 X37823

25153

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 8 1944

Registration District No. 206

Primary Registration District No. 5745

Registrar's No. 170

1. PLACE OF DEATH:  
 (a) County Madison  
 (b) City or town Rural (Central School Dist)  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Central Hosp  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days)  
 In this community about 5 1/2 years

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Madison  
 (c) City or town Rural (Central School Dist)  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 62  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country N

3. (a) PRINT FULL NAME GRACE ILENE HUFFMAN  
 3. (b) If veteran, name war L  
 3. (c) Social Security No. L

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July day 25  
 year 1944 hour 8 minute 40 P. M.  
 21. I hereby certify that I attended the deceased from Feb 1st  
 1944 to July 25 1944  
 that I last saw her alive on July 25 1944  
 and that death occurred on the date and hour stated above.

4. Sex ♀ 5. Color or race W. 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Chas. O. Hoffman 6. (c) Age of husband or wife if alive 59 years  
 7. Birth date of deceased June 9 1894  
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis Duration yrs.  
 Due to Don't know  
 Due to \_\_\_\_\_

8. AGE: Years 50 Months 1 Days 16  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations no Of autopsy no  
 93d  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

9. Birthplace Ill. (City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name John McKee  
 13. Birthplace Unknown (City, town, or county) (State or foreign country)  
 14. Maiden name Clark  
 15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie Parsons  
 (b) Address Saco, Mo  
 17. (a) Burial (b) Date thereof 7/27/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Revelle Cemetery

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) no  
 (b) Date of occurrence no  
 (c) Where did injury occur? no (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? no  
Specify type of place)  
 While at work no (e) Means of injury no  
 23. Signature Fred B. Bynum M.D. (M. D. or other)  
 Address Fredricksburg, Mo. Date signed 7.26.44

18. (a) Signature of funeral director none  
 (b) Address \_\_\_\_\_  
 19. (a) July 26 1944 (b) S. C. Slaughter  
(Date received local registrar) (Registrar's Signature)  
481 Daye (Licensed Embalmer's Statement on Reverse Side)

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

200

RECEIVED

District Health Officer No. 4

District File Number 844-4144

Date Filed 9-5-44

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.....  
.....  
working under my personal supervision.

*No Embalming*  
*James Holt*  
*4764*

Registered Apprentice No.....

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**