

S. No. 2
OM--8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 15 1945
Registration District No. 338

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3751
Registrar's No. _____

Primary Registration District No. 6148

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

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Idalia, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____ Years _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town Idalia, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James M. Huggins
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 20th
year 1945 hour 7 A.M. minute _____ M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept. 16, 1849
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 22 1944 to Jan 20 1945
that I last saw him alive on Dec 22 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
95 4 4 hr. _____ min.

Immediate cause of death Familial
Due to _____
Due to _____

9. Birthplace Tennessee Bureting
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Geo. W. Huggins
13. Birthplace Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace Not known
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
162

16. (a) Informant Mrs. James Snider
(b) Address Idalia, Mo.

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? _____

17. (a) Burial (b) Date thereof 1-21-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bloomfield cemetery

18. (a) Signature of funeral director Chiles Und. Co.
(b) Address Bloomfield, Mo.

23. Signature J. P. Brandon (M. D. or other) _____
Address 3024 W. 7th St. Date signed 1-23-45

19. (a) 1-29-1945 (b) Pearl E. Moore
(Date received local registrar) (Registrar's signature)

1130

RECEIVED

District Health Office No. 2

District File Number 45-135

Date Filed 2-7-45

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: Joan A. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.