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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

9670

State File No. 1

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 194

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2½ weeks (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ~~Douglas~~ Wright

(c) City or town Mt. Grove 174
(If outside city or town limits, write "RURAL")

(d) Street No. x 1
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country x 1

3. (a) PRINT FULL NAME A. Edward Huning

3. (b) If veteran, name war UNK

3. (c) Social Security No. UNK

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive x x years

7. Birth date of deceased August (Month) - 29 (Day) - 1866 (Year)

8. AGE: Years 78 Months 6 Days 8 If less than one day x hr. x min.

9. Birthplace New Melle, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name William Huning
13. Birthplace UNK. Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maria Kramer
15. Birthplace UNK Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. D. Emma Stiegemeyer (sister)

(b) Address Diggins, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-9-45 (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran - Diggins

18. (a) Signature of funeral director Lex Farney

(b) Address Marshfield, Missouri

19. (a) 3-22-45 (Date received local registrar) (b) S. W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1945 hour 7:00 minute A.M.

21. I hereby certify that I attended the deceased from Feb 15, 1945 to Mar 7, 1945
that I last saw him alive on Mar 7, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Sigmoid	6 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 46c	
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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) M.D.

Address [illegible] Date signed 3-22-45

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(Licensed Embalmer's Statement on Reverse Side)

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 Lex Rainey

Licensed Embalmer No. 3B12

P. O. Address Marshfield, 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.