. S. No. 2
0M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20041

Registration District No. 54

Primary Registration District No. 4079

Registrar's No.

1. PLACE OF DEATH:
(a) County: CAPE GIRARDEAU
(b) City or town: RANDLES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 24 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: CAPE GIRARDEAU
(c) City or town: RANDLES
(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: MAUDE ETHELERN HUFFMAN
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband ~~or wife~~: DAN HUFFMAN
6. (c) Age of husband or wife if alive: 49 years
7. Birth date of deceased: DEC (Month) 31 (Day) 1896 (Year)

8. AGE: Years 48 | Months 3 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace: BOLLINGER CO. (City, town, or county) MO (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business:
MOTHER FATHER
12. Name: J. H. JOHNSON
13. Birthplace: DON'T KNOW (City, town, or county) (State or foreign country)
14. Maiden name: LOUELLA CONRAD
15. Birthplace: DON'T KNOW (City, town, or county) (State or foreign country)
16. (a) Informant: DAN HUFFMAN
(b) Address: RANDLES, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: APR 19 45 (Month) (Day) (Year)
(c) Place: burial or cremation: UNION CEM. LUTESVILLE, MO
18. (a) Signature of funeral director: PAUL HACKNEY
(b) Address: CAPE GIRARDEAU, MO.
19. (a) 4-17-45 (Date received local registrar) (b) H. H. Mache (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 16 year 1945 hour 10 o'clock minute A.M.
21. I hereby certify that I attended the deceased from APRIL 14, 1945, to APRIL 16, 1945, that I last saw her alive on APRIL 15, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CARCINOMA OF the bowels	60 DAYS
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): CARCINOMA of the liver	

Major findings:
Of operations: No
Of autopsy: NO.

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: L. P. McGinnis (M. D. or other)
Address: Uplands Water Date signed: 4/11

H58 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 745-776
Date Filed 7-5-45

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 Paul Hackney

Licensed Embalmer No. 3598

P. O. Address Cape Girardeau 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.