

FILED JUL 17 1945  
799

Registration District No.

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County JACKSON  
(b) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
46<sup>TH</sup> TERRACE & BENTON BLVD.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 10 YEARS (years, months or days)

3. (a) PRINT FULL NAME MR. MELVON LITTON HUFF

3. (b) If veteran, name war No 3. (c) Social Security No. 495-10-0755

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MRS. JUANITA HUFF 6. (c) Age of husband or wife if alive 25 years  
7. Birth date of deceased JUNE - 8 - 1919  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <u>26</u> | <u>0</u> | <u>26</u> | hr. min.             |

9. Birthplace BRAYMER MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation MOTOR CYCLE PATROLMAN

11. Industry or business R.C. POLICE DEPARTMENT

12. Name ADRON B. HUFF

13. Birthplace BRAYMER MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name GLADYS T. LITTON

15. Birthplace BRAYMER MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. JUANITA HUFF

(b) Address 1116 EAST-9TH STREET

17. (a) BURIAL (b) Date thereof JULY-7-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BRAYMER MISSOURI

18. (a) Signature of funeral director D. J. Newcomer

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 2-6-45 (b) Shelding Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1116 EAST-9TH STREET  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 4<sup>TH</sup> year 1945 hour 1 minute 20 P.M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death multiple body injuries

Due to Motor cycle accident

Due to Motor cycle accident

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations no ops 1708-8  
27  
Of autopsy no autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 103

(b) Date of occurrence July 4-45

(c) Where did injury occur Kansas City  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
public place  
While at work? Yes (Specify type of place) (e) Means of injury hit curb

23. Signature J. H. Ober (M. D. or other)  
Address Kansas City, Mo. Date signed 7/5/45

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

MOTHER FATHER

**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 *H. C. Newcomer Jr.*

Licensed Embalmer No. 4043

P. O. Address *H. C. Newcomer Jr.*

**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.**