. S. No. 2
0M—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23648

FILED AUG 13 1945

Registration District No. 53. Primary Registration District No. 3010. Registrar's No. 217.

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 10 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid 72
(c) City or town New Madrid 4
(If outside city or town limits, write "RURAL")
(d) Street No. 6
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME SAM HUFFMAN
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex M O
5. Color or race White
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife Mary Huffman
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased March (Month) - 12 (Day) - 1865 (Year)

8. AGE: Years 80 Months 3 Days 4 If less than one day hr. min.

9. Birthplace unk (City, town, or county) unk (State or foreign country) 0
10. Usual occupation Farming
11. Industry or business ✓
FATHER
12. Name unk
13. Birthplace unk (City, town, or county) unk (State or foreign country) 0
MOTHER
14. Maiden name unk
15. Birthplace unk (City, town, or county) unk (State or foreign country) 0
16. (a) Informant Hary Boone Riley
(b) Address New Madrid Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-30-45 (Month) (Day) (Year)
(c) Place: burial or cremation Evergreen
18. (a) Signature of funeral director Richards und Co
(b) Address New Madrid, Mo.
19. (a) 7-17-45 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day ~~16~~ 28
year 45 hour 2 minute 45 a.m.
21. I hereby certify that I attended the deceased from 6-16, 1945 to 6-27, 1945
that I last saw him alive on 6-27, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis Ch.	
Due to	
Due to	
Other conditions Nephritis Ch (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 131	

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 W. Burch (M. D. or other) MD
Address Cape Girardeau Date signed 7/13/45

(Licensed Embalmer's Statement on Reverse Side)

1014 MO

District Health Officer No. 4
District File Number 845-984
Date Filed 8-10-45

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 Leo Hedgpeth

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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.