No. 2
8-43
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X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34875

Registration District No. 3071 Primary Registration District No. 6186 Registrar's No. 60

1. PLACE OF DEATH:
(a) County Taney
(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Tanneyville Mo (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) Several yrs
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Taney 106
(c) City or town Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. Tanneyville Mo (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country None

3. (a) PRINT FULL NAME STEPHENS. A. HUFFMAN
3. (b) If veteran, name war —
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Dec (Month) 13 (Day) 1878 (Year)
8. AGE: Years 66 Months 10 Days 10 If less than one day hr. min.
9. Birthplace Douglas Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business —
MOTHER FATHER
12. Name John H Huffman
13. Birthplace Douglas Co (City, town, or county) Mo (State or foreign country)
14. Maiden name Hockey Ann Jackson
15. Birthplace Huffman Virginia (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Clara Huffman
(b) Address Tanneyville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23-45 (Month) (Day) (Year)
(c) Place: burial or cremation Harden Cemetery
18. (a) Signature of funeral director Roller Funeral Home
(b) Address Rainesville Mo
19. (a) Oct. 29-45 (Date received local registrar) (b) C. Allaman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23rd year 1945 hour 11 minute P M.
21. I hereby certify that I attended the deceased from October 21, 1945 to October 23, 1945; that I last saw h. alive on October 23, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to Hypertension Essential	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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 H W Clapp Jr (M. D. or other)
Address Forsyth Mo Date signed Oct 26 45

1623 (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 Lawrence L Hall

Licensed Embalmer No. 2784

P. O. Address Valneeville 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.