

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36530

FILED NOV 30 1945

Registration District No. 10 Primary Registration District No. 5-0-345037 Registrar's No. 126

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

1. PLACE OF DEATH:

(a) County Audrain

(b) City or town Salt River Twp rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: RURAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 20 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain

(c) City or town Benton City rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Benton City R.F.D.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Myrtle Marie Huffman

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. non

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15 - 1945  
year 7 hour \_\_\_\_\_ minute P-M

21. I hereby certify that I attended the deceased from Dec 22 1945 to Oct 15 1945  
that I last saw her alive on Oct 10 1945  
and that death occurred on the date and hour stated above.

4. Sex ♀ 5. Color or race W

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

6. (b) Name of husband or wife O.J. Huffman

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased: Sept 1 1899  
(Month) (Day) (Year)

Immediate cause of death: Cerebral of right Branch with infarct to both legs.

Duration 11 months

8. AGE: Years Months Days If less than one day

46 1 14 hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Oakland, Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

Major findings: Pneumonia of right branch at Benton Mo Oct 22-45

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business \_\_\_\_\_

12. Name Will Turner

13. Birthplace Oakland, Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Calista Bowman

15. Birthplace Oakland, Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant O.J. Huffman

(b) Address Benton City, Mo

17. (a) Burial (b) Date thereof 10 17.45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove, Paris, Mo

18. (a) Signature of funeral director Chas Arnold Jr

(b) Address Mexico, Mo

19. (a) 10/16/45 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Harry F. O'Brien (M. D. or other) \_\_\_\_\_

Address Mexico, Mo Date signed Oct 16 45

1466

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 11-45-175

Date Filed NOV 27 1945

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.....

*E. Everett R. Head*

Licensed Embalmer No. 4038

P. O. Address *Mexico, 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.**