

STANDARD CERTIFICATE OF DEATH

Robinson
State File No. 36563
Registrar's No. 94

FILED DEC 7 1945
Registration District No. 27

Primary Registration District No. 5079

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

1. PLACE OF DEATH:
Bates
(a) County
(b) City or town. Rural Spruce Twp.
(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
In this community. Culver & Ballard 60 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County. Bates
(c) City or town. Rural
(d) Street No. Rt 2- Spruce Twp.
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Elmer Huff
(b) If veteran, name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 8
year 1945 hour 11 minute 30 A.M.

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 18, 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 8 1945, Nov 8 1945
that I last saw him on Nov 8 1945 when I arrived and that death occurred on the date and hour stated above.
Immediate cause of death. Cardiac probably Coronary
Duration

8. AGE: Years 74 Months 7 Days 20
If less than one day hr. min.

Due to
Due to

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

Other conditions
(Include pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings:
Of operations
Of autopsy

11. Industry or business

12. Name Geo. Huff

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

14. Maiden name Eliza Jane Wright
(City, town, or county) (State or foreign country)

15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Ike Huff
(b) Address Butler, Mo. Rt 2

17. (a) Burial (b) Date thereof Nov 11, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director Culver-Underwood
(b) Address Butler, Missouri

19. (a) Nov 9, 1945 (b) Kendall Kersey
(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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature E. E. Robinson (M. D. author)
Address Adrian, Mo. Date signed 11-9-45
While at work? (Specify type of place) (c) Means of injury

PHYSICIAN
Underline the cause to which death should be charged statistically.

1642

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.....

John G. Chidlow and

Licensed Embalmer No. *3585*

P. O. Address *Butler 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.