

**FILED** JAN 8 1946  
Registration District No. **53**

Primary Registration District No. **3010**

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

**1. PLACE OF DEATH:**

(a) County Cape Girardeau

(b) City or town Cape Girardeau

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

(d) Length of stay: In hospital or institution 1 Hour (Specify whether  
in this community 6 Months years, months or days)

**3. (a) PRINT FULL NAME** Edward F. Huffman

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex M. 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 5 11 1945  
(Month) (Day) (Year)

**8. AGE:** Years \_\_\_\_\_ Months 6 Days 24 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

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

**MOTHER, FATHER**

12. Name Edward Huffman

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

14. Maiden name Lillie Marie Kiser

15. Birthplace Sikeston, Mo. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Lillie Marie Kiser HUFFMAN  
(b) Address Sikeston, Mo.

17. (a) Burial (b) Date thereof 12/7/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director H. W. Albritton  
(b) Address Sikeston, Mo.

19. (a) 12-13-1945 (b) G. C. Summers  
(Data received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Scott 100

(c) City or town Sikeston 5  
(If outside city or town limits, write "RURAL") 2

(d) Street No. \_\_\_\_\_ (If rural, give location) 1

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

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 12 day 5  
year 1945 hour 1 minute 35 p.m.

21. I hereby certify that I attended the deceased from 12/5 1945 to 12/5 1945  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death undiscovered stroke expired one hour after admission to hospital and before diagnosis could be made 200  
Due to \_\_\_\_\_  
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? \_\_\_\_\_

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

23. Signature G. C. Summers (M. D. or other) \_\_\_\_\_  
Address Cape Girardeau Mo Date signed 12/11/45

1509

RECEIVED

District Health Officer No. 4  
District File Number 146-1492  
Date Filed 1-7-46

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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.....

.....Embalmed....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*John Albritton*

Licensed Embalmer No. 2941

P. O. Address.....Sikeston, 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.**