

FILED FEB 5 1946

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Oregon
(b) City or town Koshkonong Big Apple Twp.
(If outside city or town limits, write "RURAL" and name of township)
(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 40 years
(Specify whether years, months or days)
In this community 40 years
(years, months or days)

3. (a) PRINT FULL NAME Cora Huff

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Leonard Huff 6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased Nov. 27 1878
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 20 If less than one day hr. min.

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

10. Usual occupation Domestic

11. Industry or business

MOTHER FATHER

12. Name Joseph Bussell
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant L. E. Huff
(b) Address 3336 E. Third, Tulsa, Okla.

17. (a) Burial (b) Date thereof 11/20/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Koshkonong Cem.

18. (a) Signature of funeral director Reo Carr
(b) Address Thayer, Mo.

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75
(c) City or town Koshkonong (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17
year 1945 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Time to time
in 1940 to Nov. 16, 1945
that I last saw her alive on Nov. 16, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Dysentary

Due to Malnutrition

Due to Invalidity due to chronic arthritis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 Blair (M. D. or other)
Address Man Spg. Ark. Date signed 12/13/45

Duration 2 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

14 yrs

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

100675

43
5-17-39
I X38671

RECEIVED

District Health Officer No. 5,

District File Number

14611

Date Filed

2-1-76

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.....

Licensed Embalmer No.....

P. O. Address.....

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.