

**FILED MAR 8 1946** STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 257

**1. PLACE OF DEATH:**

(a) County Buchanan  
(b) City or town St. Joseph, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
In this community 4 days (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Kansas (b) County Doniphan 999  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4 miles north of Wathena  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Otto Henry Huffman Jr.

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased July 31, 1929  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
 16 6 27 hr. min.

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

10. Usual occupation Farm helper

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

12. Name Otto Henry Huffman Sr.

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

14. Maiden name Flora Mae Blum

15. Birthplace Wathena, Kans.  
(City, town, or county) (State or foreign country)

16. (a) Informant Otto Henry Huffman Sr.

(b) Address Wathena, Kans.

17. (a) Removal (b) Date thereof 2-28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wathena, Kans.

18. (a) Signature of funeral director Clark Mortuary

(b) Address 5025 K King Hillman

19. (a) Mar. 6, 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb day 28  
year 1946 hour 12 minute 30 a.m.

21. I hereby certify that I attended the deceased from Feb. 14<sup>th</sup> 1946, to Feb. 28<sup>th</sup> 1946  
that I last saw him alive on Feb. 28<sup>th</sup> 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Tetanus Duration 6 days

Due to lacerated Hand 14 days

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

Major findings: none  
Of operations none  
Of autopsy none

**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 [Signature] (M. D. or other) \_\_\_\_\_  
Address Wathena, Kans. Date signed 2-28-46

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

**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. 3023

P. O. Address. Wathena, Ks

**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.**