

FILED FEB 28 1948 STANDARD CERTIFICATE OF DEATH

State File No. 6724

Registration District No. 278

Primary Registration District No. 5953

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike  
(b) City or town Rural Buffalo Miss  
(c) Name of hospital or institution:  
Grassy Creek Neighborhood  
(d) Length of stay: In hospital or institution:  
Lifetime  
In this community: Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike  
(c) City or town Rural Louisiana, Mo.  
(d) Street No. Grassy Creek Neighborhood  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Viola Emmolesta Hufford

3. (b) If veteran, name war (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: BEVERLY HUFFORD 6. (c) Age of husband or wife if alive, 20 years

7. Birth date of deceased: April 20 1926

8. AGE: Years 79 Months 3 Days 25

9. Birthplace: Pike Co., Missouri

10. Usual occupation: Housewife

11. Industry or business:

12. Name: Samuel J. Hiles  
13. Birthplace: Unknown Missouri  
14. Maiden name: Sarah E. Dent  
15. Birthplace: Unknown Missouri

16. (a) Informant: Mrs. Tenk Taylor

(b) Address: Rural Louisiana, Mo.

17. (a) Burial (b) Date thereof: 1/17/46

(c) Place: burial or cremation: Fairview Cem.

18. (a) Signature of funeral director: Garner & Sterne

(b) Address: Louisiana, Missouri

19. (a) 1/17/46 (b) Margaret E. Stephens

MOTHER FATHER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 15th year 1946 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from Aug 1945 to Aug 1946 and that death occurred on the date and hour stated above. Immediate cause of death: Paralysis

Due to: Scurvy

Due to: Scurvy

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? (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: M. Pearson (M. D. or other) Address: Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

255

(Licensed Embalmer's Statement on Reverse Side)

46

RECEIVED

District Health Officer No. 10

District File Number 2-46-304

Date Filed FEB 25 1946

**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.....

*Harold J. Garner*

Licensed Embalmer No.....

3720

P. O. Address.....

*Louisiana 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.**