

No. 2
5-43
5-17-39
X36877

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

12839

FILED MAY 9 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 334

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1101 N. Clay
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 1101 N. Clay
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Clinton D. Huckins

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife W.N.K.

6. (c) Age of husband or wife if alive Doc years

7. Birth date of deceased August 5, 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>8</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace Pierce Ville - Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Blacksmith

11. Industry or business Blacksmithing

MOTHER FATHER

12. Name Franklin S. Huckins

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

14. Maiden name Unknown

15. Birthplace unk. Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant R. E. Huckins

(b) Address Council Bluffs, Iowa

17. (a) Burial (b) Date thereof 5-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Heaven Mo.

18. (a) Signature of funeral director J.W. Kingner & Co.

(b) Address Springfield, Mo.

19. (a) 4-17-46 (b) W. Handy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1946 hour 1 minute 55 A. M.

21. I hereby certify that I attended the deceased from February 7, 1946 to April 17, 1946
that I last saw him alive on April 16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis & Myocardial Degeneration Duration 6 mo.

Due to Coronary Thrombosis 6 mo.

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)

(a) Means of injury _____

23. Signature Kenneth C. Coffey (M. D. or other) M.D.

Address Springfield, Mo. Date signed 4-17-46

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.....

Roy Asbaur

Licensed Embalmer No.....

1763

P. O. Address.....

Springfield MD

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.