

FILED APR 30 1948

State File No.

Registration District No. 254

Primary Registration District No. 4381

Registrar's No.

1. PLACE OF DEATH:
 (a) County Oregon
 (b) City or town Koshkonong Big Apple
 (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..... (Specify whether
 In this community 79 years (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State..... (b) County 75
 (c) City or town..... (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.....

3. (a) PRINT FULL NAME George Washington Huffman
 3. (b) If veteran, name war -- 3. (c) Social Security No. --
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Lillie Ann Holloway 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased Dec. 5 1864
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 16
 year 1946 hour 3 minute 10 P. M.
 21. I hereby certify that I attended the deceased from March 1
 1946, to March 16 1946
 that I last saw him alive on March 14 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
81 3 11 hr. min.

Immediate cause of death Carcinoma of Prostate
 Due to Prostate Cancer
 Due to.....
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations.....
 Of autopsy.....

9. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer
 11. Industry or business.....
 12. Name James Huffman
 13. Birthplace Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name.....
 15. Birthplace.....
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
5/18

16. (a) Informant J. B. Huffman
 (b) Address Koshkonong, Mo.
 17. (a) Burial (b) Date thereof 3/18/46
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Shiloh Cem.
 18. (a) Signature of funeral director Les Dan
 (b) Address Thayer, Mo.
 19. (a) 4/25/46 (b) Marjorie Thomas
 (Date received local registrar) (Registrar's signature)

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)
 (c) Means of injury.....
 23. Signature Thayer (M. D. or other) MD
 Address Thayer, Mo. Date signed 4-1-46

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(Licensed Embalmer's Statement on Reverse Side)

Cooper

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

MOTHER, FATHER

RECEIVED
District
Office No
446315
Date Filed
4.29.46

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.