

**FILED JUN 28 1946**

Registration District No. \_\_\_\_\_

Primary Registration District No. **4001**

Registrar's No. **175**

**1. PLACE OF DEATH:**  
 (a) County **Adair**  
 (b) City or town **Novinger**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Novinger, Mo**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **None**  
(Specify whether  
 In this community **Life**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Adair**  
 (c) City or town **Novinger**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **None**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Anna Margaret Huff**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **October 6 1870**  
(Month) (Day) (Year)

8. AGE: Years **75** Months **8** Days **9** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Ft. Scott Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business **Home**

**MOTHER FATHER**  
 12. Name **George W. Johnson**  
 13. Birthplace **Unknown Michigan**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Harriett Butler**  
 15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Eva Fleshman**

(b) Address **Novinger, Missouri**

17. (a) **Burial** (b) Date thereof **6/18/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Macon Co., Missouri**

18. (a) Signature of funeral director **B. R. Kelly**

(b) Address **Kirkville, Mo.**

19. (a) **6-20-46** (b) **Kate Lambert**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **June** day **15**  
 year **1946** hour **3:00** minute \_\_\_\_\_ P: **M.**

21. I hereby certify that I attended the deceased from **Nov** 19**38**, to **June 15** 19**46**  
 that I last saw her alive on **June 15** 19**46**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Angina pectoris** Duration **2 hrs**  
**Had attacks for 7 yrs**

Due to **coronary thrombosis**

Due to **age - & arterial sclerosis**

Other conditions **over weight**  
(Include pregnancy within 3 months of death)

Major findings: Of operations   
 Of autopsy   
**94%**

**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) (c) Means of injury

23. Signature **J. S. Gadsden M.D.** (M. D. or other) \_\_\_\_\_

Address **Novinger, Mo.** Date signed **6/19/46**

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

JUN 26 1946

6 - 46 - 1241  
6 - 21 - 1946

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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 *D. E. Riley*.....

Licensed Embalmer No. 4181.....

P. O. Address 150 Knolls Rd.....

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.