No. 2
—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22383

Registration District No. 324 Primary Registration District No. 372 Registrar's No. 114

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution: Fitzgibbons Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Hours (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54

(c) City or town Higginsville 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Lindsey Leroy Huff

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Adaline E. Huff

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

7. Birth date of deceased July (Month) 10th, (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	11	15	hr. min.

9. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Anthony Huff
13. Birthplace Saline county (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Sarah Goodman
15. Birthplace Saline Co (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Donald Huff
(b) Address Marshall Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 28, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park cemetery

18. (a) Signature of funeral director Campbell Lewis
(b) Address Marshall, Mo.

19. (a) 7-3-46 (Date received local registrar) (b) Mrs T. Overstrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th year 1940 hour 10 minute 30 A M.

21. I hereby certify that I attended the deceased from June 25, 1946 to June 25, 1946 that I last saw him alive on June 25, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis - Pulmonary edema -	
Due to: Arteriosclerosis Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature John R Lawrence (M. D. or other)
Address Marshall, Mo Date signed June 26-46

298

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-13-46

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 R. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall 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.