

FILED SEP 16 1946

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
401 Illinois Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Not
(Specify whether
In this community 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")
(d) Street No. 401 Illinois Avenue 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) C
If yes, name country

3. (a) PRINT FULL NAME Logan A. Huffman-

3. (b) If veteran, name war No 3. (c) Social Security No. 486-30-2585

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Grace E. Huffman 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased March 13 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 5 19 hr. min.

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

10. Usual occupation Tavern

11. Industry or business Liquor Store

MOTHER FATHER { 12. Name Richard Albert Huffman
13. Birthplace Andrew County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Viola Ann Henderson
15. Birthplace Rosendale Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Grace E. Huffman
(b) Address 401 Illinois, St. Joseph, Missouri.

17. (a) Burial (b) Date thereof 9/5/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Auburn Cemetery

18. (a) Signature of funeral director Walter Meisshoff
(b) Address 1302 Farson, St. Joseph, Missouri.

19. (a) Sept 11, 1946 (b) J. J. Neel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2nd
year 1946 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from Nov 12
1945 to Sept 2 1946
that I last saw him alive on Sept 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration Unknown

Due to ✓
Due to ✓

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94A 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?

(Specify type of place) While at work? ✓ (2) Means of injury 10
23. Signature Walter Meisshoff (M. D. or other) M.D.
Address Kirkpatrick Bldg St. Joseph, Mo. Date signed 9/3/46

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

28428

34

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.....

Albert C. Harrington

Licensed Embalmer No..... 3258 Missouri

P. O. Address..... St. Joseph, Missouri.

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.