. S. No. 2
DM—8-43
v. 5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39961
State File No.

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 172

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mos. 6 days (Specify whether years, months or days)
In this community 4 mos. 6 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ralls
(c) City or town New London
(If outside city or town limits, write "RURAL")
(d) Street No. --
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME Joseph E. Huff
3. (b) If veteran, name war World War I
3. (c) Social Security No. 487-16-0208
4. Sex Male
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 April (Month) 22 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
55	7	28	hr. min.

9. Birthplace Ralls Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation School bus driver
11. Industry or business --
FATHER
12. Name Not available
13. Birthplace -- (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Alice Bland
15. Birthplace -- (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Hospital Records, Veterans Administration Hospital
(b) Address Excelsior Springs, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec. 21, 1946 (Month) (Day) (Year)
(c) Place of removal Hannibal, Missouri
18. (a) Signature of funeral director Virgil Hope
(b) Address HOPE FUNERAL HOME Excelsior Springs, Missouri
19. (a) 12/21/46 (Date received local registrar) (b) Caroline Hutchings (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20th year 1946 hour 11:00 minute A.M.
21. I hereby certify that I attended the deceased from August 14, 1946 to December 20, 1946; that I last saw him alive on December 20, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis, pulmonary, chronic, far advanced, active	Unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy T.B., bronchitis, enteritis, preicarditis.	

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 --
23. Signature Carson A. Sprong (M. D. or other)
Address Veterans Administration Hosp. Excelsior Springs, Missouri Date signed 12-20-46

(Licensed Embalmer's Statement on Back)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-11-47

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 Chas. U. Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Spgs 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.