

Registration District No. 1002Primary Registration District No. 1002

## 1. PLACE OF DEATH:

(a) County Jackson - 111 N. Concord  
 (b) City or town Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
6616 Independence Avenue  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.  
 In this community all his life (Specify whether years, months or days)

## 3. (a) PRINT FULL NAME

(b) If veteran,  
name war.

3. (c) Social Security  
No. none

4. Sex Male 5. Color or race Wh  
 6. (a) Single, widowed, married, divorced, married  
 6. (b) Name of husband or wife Amelia Lovina Peck  
 6. (c) Age of husband or wife if alive 65 years  
 7. Birth date of deceased 10/7/1884  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 2 8  
 hr. min.

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

10. Usual occupation Jeweler  
 11. Industry or business Self

MOTHER FATHER  
 12. Name Wm. Peter Huff  
 13. Birthplace Virginia (City, town, or county) (State or foreign country)  
 14. Maiden name Victoria Farris  
 15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Amelia Huff  
 (b) Address 6616 Indep. Ave.  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/46  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director John P. Sheil  
 (b) Address Kansas City, Mo.  
 19. (a) 12-17-46 (Date received local registrar)  
Geraldine Holmes (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
 (c) City or town Kansas City "Rural"  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 210 North Crescent  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15  
 year 1946 hour 9 minute 20 A. M.

21. I hereby certify that I attended the deceased from Sept 14  
1946 to Dec 15, 1946  
 that I last saw him alive on Dec 14 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 2 hours

Due to  
 Due to  
 Other conditions General Arterio Sclerosis (Include pregnancy within 3 months of death)

Major findings: No operation Of operations  
No autopsy Of autopsies  
 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) (e) Means of injury  
 23. Signature G. Huff (M. D. or other)  
 Address Independence, Mo. Date signed Dec 15 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.....

*John P. Skel*

Licensed Embalmer No. *3625-*

P. O. Address *K 6 mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**