

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43209

FILED DEC 19 1946

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 158

1. PLACE OF DEATH:

(a) County Vermon
(b) City or town Nevada rural Wash. Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 32 yrs. 5 mos. 9 days
(Specify whether)
In this community 32 years - 5 mos - 9 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 108
(c) City or town Jasper
(If outside city or town limits, write "RURAL")
(d) Street No. 116 N Moffett
(If rural, give location)
(e) Citizen of foreign country? No (Year No)
If yes, name country

3. (a) PRINT FULL NAME Mirtie Huffman
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 12 year 1946 hour 3:40 minute A.M.
21. I hereby certify that I attended the deceased from 12-10-1946 to 12-22-1946
that I last saw her alive on 12-10-1946 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 4-2-1883
(Month) (Day) (Year)

Immediate cause of death _____
Due to Bronchio Pneumonia
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

8. AGE: Years 63 Months 8 Days 10 If less than one day _____ hr. _____ min.

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation House work

11. Industry or business _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(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) (e) Means of injury _____

23. Signature J. Bunch (M. D. or other)
Address State Hospital # 3 Date signed 12-22-46

MOTHER FATHER { 12. Name 21.76
13. Birthplace 21.76 21.76
(City, town, or county) (State or foreign country)
14. Maiden name 21.76
15. Birthplace 21.76 21.76
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital
(b) Address Nevada, Mo.

17. (a) Removal (b) Date thereof 12-14-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cypress Ave Ft. Scott, Mo.

18. (a) Signature of funeral director Walter M. Harty
(b) Address Fort Scott Kansas

19. (a) 12-14-46 (b) Walter Harty
(Date received local registrar) (Registrar's signature)

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

JAN 22 1942

12-17-41
72189 N-11
7/10/41

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 _____

Licensed Embalmer No. 1081

P. O. Address Box 283 - Ft. Scott, 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.