S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 2[illegible] 1947

Registration District No. [illegible]

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5094

State File No. 108

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Bates

(b) City or town Rural - Osage Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: RR#2, Rich Hill, Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ——— (Specify whether
In this community 34 yrs 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates

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

(d) Street No. Route 2 Rich Hill
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Edward Martin Huff

3. (b) If veteran, name war ——— 3. (c) Social Security No.

4. Sex M D 5. Color or race R 6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Mamie Huff 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June (Month) 13 (Day) 1880 (Year)

8. AGE: Years 66 Months 6 Days 22 If less than one day ___ hr. ___ min.

9. Birthplace Fulton Co. (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John William Huff
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Anna Eppart
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs Mamie Huff
(b) Address RR2 Rich Hill, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Booth
(b) Address Rich Hill, Mo

19. (a) Jan. 7, 1947 (Date received local registrar) (b) Mrs. Edna Douglass (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 year 1947 hour 3 minute 30 A M.

21. I hereby certify that I attended the deceased from [illegible], 1946, to Jan 5, 1947, that I last saw him alive on Jan 4, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 83A

Of autopsy

Duration

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 [illegible] (M. D. or other)

Address Rich Hill Mo Date signed Jan 7 1947

21

(Licensed Embalmer's Statement on Reverse Side)

APR 30 1956

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 Harold M. Douglas, Registered Apprentice No. 4102, working under my personal supervision.

Signed John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler, 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.