

FILED JAN 27 1947

Registration District No. 257

Primary Registration District No. 3048

Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County Nodaway  
(b) City or town Marionville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St. Francis Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution About 5 weeks  
(Specify whether years, months or days) Most all his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway  
(c) City or town Ravenwood  
(If outside city or town limits write "RURAL") Rural  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

James Edward Huckleberry

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex M  
5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Rogella Huckleberry  
6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Sept. 1 - 1884  
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 13  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace N. E. Graham Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Charles Anderson Huckleberry

13. Birthplace Salem Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Towling

15. Birthplace Salem Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Rogella Shipley Huckleberry

(b) Address Ravenwood, Missouri

17. (a) Burial (b) Date thereof 1-17-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Groves Cemetery

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address Marionville Missouri

19. (a) Jan 16 1947 (b) Jess Hale  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14  
year 1947 hour 5 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec 1, 1946 to Jan 14, 1947.  
that I last saw him alive on Jan 4, 1946.  
and that death occurred on the date and hour stated above.

Immediate cause of death acute embolism of abdomen  
Due to chronic myocarditis  
Duration 10 hrs.

Other conditions Calciumota of left colon  
Due to \_\_\_\_\_

Major findings: Of operations None  
Of autopsy \_\_\_\_\_

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 A. C. Baerman (M. D. or other) M.D.  
Address 171 So. Main Marionville Date signed 1/14/47

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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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..... *W. Lean Campbell* .....

Licensed Embalmer No..... *2620* .....

P. O. Address..... *Maryville 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.**