

No. 2  
-12-45  
5-17-39  
X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17459

State File No.

2117

Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1621 Central  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 47 Yrs.  
years, months or days

3. (a) PRINT FULL NAME Eliza Jane Huggins

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

4. Sex Femal 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John Thomas Huggins 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 8 1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
91 7 32 hr. min.

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

10. Usual occupation At Home

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

12. Name Gilbert Hardesty

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

14. Maiden name Louisa Patterson

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

16. (a) Informant Edith Leavens

(b) Address 1621 Central

17. (a) burial (b) Date thereof 5-14-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Greenwood, MO.

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Mrs. C. L. Forster  
918 Brooklyn

(b) Address \_\_\_\_\_

19. (a) 5-13-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson #8  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 1621 Central 0  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10  
year 1947 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions Deputy Coroner  
(Include pregnancy within 3 months of death)

Major findings: History & Inspection  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_  
Underline the cause to which death should be attributed actually.

22. If death was due to external causes, fill in the following:

(c) 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. E. Usher (M. D. or P. D.)  
2800 1/2 Main Date 5/17/47

**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 Dean Owens

Licensed Embalmer No. 4280

P. O. Address 918 Brooklyn  
R. C., 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.**