

FILED NOV 5 1947

Registration District No. 171

Primary Registration District No. 5550

Registrar's No. 23

1. PLACE OF DEATH:
 (a) County Howell, Mo
 (b) City or town Neocom, Mo
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 56 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Howell Mo
 (c) City or town Neocom
(If outside city or town limits, write "RURAL")
 (d) Street No. 0
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country:

3. (a) PRINT FULL NAME Shas Edmond Huff
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 21
 year 1947 hour 11:00 minute A- M.

4. Sex mo 5. Color or race w 6. (a) Single, widowed, married, divorced m-t
 6. (b) Name of husband or wife Myrtle J. Huff 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased 3-10-1879-
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 20, 1947, to July 31, 1947;
 that I last saw him alive on July 31, 1947;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 wk.

8. AGE: Years 68 Months 4 Days 16
If less than one day hr. min.

Due to Essential Hypertension

9. Birthplace Bourbon Co, Kansas
(City, town, or county) (State or foreign country)

Due to

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: GA

12. Name Gas. Huff

Of operations

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

Of autopsy

14. Maiden name Caran Kiester

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

16. (a) Informant Mrs J. C. Huff

(b) Address Neocom, Mo

17. (a) 10 (b) Date thereof 8-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big Spring

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

(b) Address Neocom, Mo

19. (a) Oct 6 - 1947 (b) Beatrice Cook
(Date received local registrar) (Registrar's signature)

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 Dr. Rain (M. D. or other)

Address Bakersfield Mo Date signed 8-23-47

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

46
0
0

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Rain

RECEIVED

District Health Officer No 5.

District File No. 1047593

Date Filed 12-30-47

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.....

Robert J D Rego -

....., Registered Apprentice No.....

working under my personal supervision.

Signed Paige A Robertson

Licensed Embalmer No. 3435

P. O. Address Mrs. Hain

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.