

No. 2  
12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 15 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37140**  
Registration District No. **42** Primary Registration District No. **1000** Registrar's No. **1425**

1. PLACE OF DEATH:  
(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
State Hospital No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 yrs 2 mos 13 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Buchanan  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4411 Woodlawn Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country None

3. (a) PRINT FULL NAME ROBERT HUFF  
(b) If veteran, name war NO  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 11 day 29  
year 1947 hour 8 minute 30 A. M.  
21. I hereby certify that I attended the deceased from 1-1-1947 to 11-29-1947  
that I last saw him alive on 11-29-1947  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced divorced  
(b) Name of husband or wife unk  
(c) Age of husband or wife if alive None years  
7. Birth date of deceased 6-17-1905  
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion  
Due to arterio sclerosis  
Duration 13 years  
Due to arterio sclerosis

8. AGE: Years 42 Months 5 Days 12  
If less than one day hr. min.

Other conditions Psychosis  
(Include pregnancy within 3 months of death)  
Major findings: Of operations None  
Of autopsy arterio sclerosis  
PHYSICIAN None  
Underline the cause to which death should be charged statistically.

9. Birthplace: Kansas City Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Painter and decorator  
11. Industry or business Painter and decorator  
12. Name William Hoeff  
13. Birthplace Lucknow Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Laura Marshall  
15. Birthplace Lucknow Kentucky  
(City, town, or county) (State or foreign country)  
16. (a) Informant Wm Huff & Ruth Fairall  
(b) Address 2014 21st Ave, K.C., Mo.  
17. (a) Removal (b) Date thereof 11-30-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Kansas City Mo  
18. (a) Signature of funeral director Stoney Funeral Home  
(b) Address St. Joseph Mo  
19. (a) 12-6-47 (b) E. C. Jenkins  
(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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury None  
23. Signature Faurest Thomas (M. D. or other) None  
Address State Hospital No. 2 Date signed 11-29-47  
St. Joseph Mo

(Licensed Embalmer's Statement on Reverse Side) W. Marshall O.D.

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

MOTHER FATHER

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.....

*Charles M. Harman*....., Registered Apprentice No. *450*

working under my personal supervision.

Signed.....

*John Roy Stamey*  
Licensed Embalmer No. *2435*

P. O. Address... *St. Joseph*

**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.