No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 29 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 38211

Registrar's No. 4797

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: Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 9 Days (Specify whether years, months or days)
In this community: 26 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 3432 Olive Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: MRS. MARY E. HUFFMAN
3. (b) If veteran, name war: No
3. (c) Social Security No.: None

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Thomas J. Huffman
6. (c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: July (Month) 18th. (Day) 1875 (Year)

8. AGE: Years 72 | Months 3 | Days 28 | If less than one day: hr. min.

9. Birthplace: Camden (City, town, or county) New Jersey (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
FATHER 12. Name: William Keen
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: New Jersey (City, town, or county) (State or foreign country)
16. (a) Informant: Thomas J. Huffman
(b) Address: 3432 Olive Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Washington Cemetery
18. (a) Signature of funeral director: Freeman Mortuary & Chapel
(b) Address: 104 West 42nd. St. Kansas City, Mo.
19. (a) 11-17-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16th. year 1947 hour 6 minute A M.
21. I hereby certify that I attended the deceased from Oct 2 1947 to Nov 16 1947 that I last saw her alive on Nov 15 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cerebral collapse	
Due to: arteriosclerosis	
Due to: nephritis - chronic uremia	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 1310	
Of autopsy: chronic nephritis arteriosclerosis	

PHYSICIAN
Underline the cause of 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: 0
23. Signature: J. A. Hoffman M.D. (M. D. ~~or other~~)
Address: 408 Argyle Bldg Date signed: 11/17/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Willis H. Bennett

Licensed Embalmer No. 4438

P. O. Address K. 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.

From 11:00 to 3:00