S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 31 1947

Registration District No. 1

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43655

Primary Registration District No. 3063

Registrar's No. 2713

1. PLACE OF DEATH:
(a) County: St Louis
(b) City or town: Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Louis Co. Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: 49
(c) City or town: Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 601 St Louis 5
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME: Ellis E. Huff
3. (b) If veteran, name war: World War 2
3. (c) Social Security No. .....

4. Sex: Male 0
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single 0
6. (b) Name of husband or wife: .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Nov. (Month) 29 (Day) 1926 (Year)

8. AGE: Years 21 | Months 0 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace: Joplin, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation: U.S.N.R.S/1
11. Industry or business: .....

FATHER
12. Name: Junior J. Huff
13. Birthplace: Kentucky (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name: Ruth Beavers
15. Birthplace: Arkansas (City, town, or county) (State or foreign country) 1

16. (a) Informant: Junior J. Huff
(b) Address: 601 St Louis, Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-30-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Joplin, Mo.
18. (a) Signature of funeral director: Louis H. Bopp, Inc.
(b) Address: Kirkwood, Mo.
19. (a) 12-30-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 27 year 47 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Traumatic injuries to larynx with pulmonary emphysema suffered while driving car which xxxx collided with another car.

Due to: .....

Other conditions (Include pregnancy within 3 months of death): .....

Major findings:
Of operations: .....
Of autopsy: same

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): Accident 96
(b) Date of occurrence: Dec. 27, 1947
(c) Where did injury occur? St. Louis County, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Road (Specify type of place)
While at work? ..... (a) Means of injury: Blunt impact
23. Signature: Arnold J. Willmann (M. D. or other) Coroner 3
Address: Clayton, Mo Date signed: 12/29/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOV 19 1951

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood (22) 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.