S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5444

State File No. 1

Registration District No. 206 Primary Registration District No. 5742 Registrar's No. 62

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Rural - Big Creek Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 14 Mi. S.E. of Fredericktown
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 69 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison 62
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 14 mi. S.E. of Fredericktown 0
(If rural, give location)
(e) Citizen of foreign country? -No- (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gillie Marzille Huffman
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife James C. Huffman (deceased)
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased NOVEMBER 12 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	2	14	hr. min.

9. Birthplace Madison Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Albert Bess
13. Birthplace — (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mary Josephine Kelly
15. Birthplace — (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Irving L. Huffman
(b) Address Zion, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 28, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Huffman Cemetery
18. (a) Signature of funeral director Webb-Adamson
(b) Address Fredericktown, Missouri
19. (a) 2-2-1948 (Date received local registrar) (b) Florence Gill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26
year 1948 hour 3 minute 00 A.M.
21. I hereby certify that I attended the deceased from August 1947, to January 24, 1948
that I last saw her alive on January 23rd, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Intestinal Indigestion	months

Probably Carcinoma there were a tumor in upper Left Quadrant that had developed rapidly last 3 weeks

Major findings: Of operations
Of autopsy

PHYSICIAN
Underline the cause to 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 S C Slaughter (M. D. or other)
Address Fredericktown Mo. Date signed Jan. 31-48

(Licensed Embalmer's Statement on Reverse Side)

EMED

...ot Health Officer No. 4

...ict File Number 248-217

Date Filed 2-16-48

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 Edward G. Lehrmann, Jr., Registered Apprentice No. 81, working under my personal supervision.

Signed L. Valjean Adamson

Licensed Embalmer No. 4357

P. O. Address Fredericktown, 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.