No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1948

Registration District No. 290

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5814

Primary Registration District No. 4427

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Pulaski

(b) City or town Waynesville, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pulaski 85

(c) City or town Waynesville 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME TINCHER CLEMENT HUFF

3. (b) If veteran, name war ——

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Dead

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Nov (Month) 15 (Day) 1871 (Year)

8. AGE: Years 76 | Months 3 | Days 14 | If less than one day ..... hr. ..... min.

9. Birthplace Ft. Scott (City, town, or county) Kan 1 (State or foreign country)

10. Usual occupation Retired

11. Industry or business .....

FATHER
12. Name William Huff 9
13. Birthplace Unknown 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Pauline Tincher
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant R. L. Huff 1
(b) Address Waynesville, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation Ft. Scott, Kan

18. (a) Signature of funeral director Walter P. Hedges
(b) Address Sheria, Mo

19. (a) 3-1-48 (Date received local registrar) (b) Thelma C. Buchthorpe (Registrar's signature) 7 C/D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29
year 1948 hour 4 minute 20 P M.

21. I hereby certify that I attended the deceased from July 21, 1944, to Feb 29, 1948
that I last saw him alive on Feb 29, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Nephritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) Myocardial degeneration with	
Major findings: Of operations decompensation	
Of autopsy 3 1 B	

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 Wm R. Tyffle (M. D. or other)

Address Waynesville Mo Date signed 2/29/48

(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 Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Ilona, 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.