

S. No. 2
12-45
1-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7789**

FILED APR 14 1948

Registration District No. **31**

Primary Registration District No. **4039**

Registrar's No. **10**

1. PLACE OF DEATH:

(a) County **Benton Co Mo**
(b) City or town **Lincoln Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 months** (Specify whether)
In this community **5 months** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Pettis Mo** **80**
(c) City or town **Rural Green Ridge Mo** **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **Rural** (If rural, give location) **1**
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Lorenza Dow Huffman**

3. (b) If veteran, name war _____ 3. (c) Social security No. _____

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Deceased** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Oct 1st 1866** (Month) (Day) (Year)

8. AGE: Years **81** Months **5** Days **6** If less than one day hr. _____ min. **do**

9. Birthplace **Ohio** (City, town, or county) (State or foreign country)

10. Usual occupation **Farming**

11. Industry or business _____

12. Name **Samuel Huffman**
13. Birthplace **Ohio** (City, town, or county) (State or foreign country)

14. Maiden name **Sarah Pience**
15. Birthplace **Ohio** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Rosa Kelf**
(b) Address **Lincoln Mo**

17. (a) **Rural** (b) Date thereof **Apr 9 48** (Month) (Day) (Year)
(c) Place: burial or cremation **Mt Pleasant**

18. (a) Signature of funeral director **L. L. Resm Benton Co Mo**
(b) Address **Green Ridge Mo**

19. (a) **3-7-1948** (Date received local registrar) (b) **E. H. Euliroff** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **7** year **1948** hour **12** **noon** minute _____ M.
21. I hereby certify that I attended the deceased from **Feb 25** 1948, to **March 7** 1948, and that death occurred on the date and hour stated above.

That I last saw him alive on **Feb 20** 1948.
Immediate cause of death **apoplexy**

Due to **infirmitie of old age**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy **830**

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 **G**

23. Signature **S. B. Stratton** (M. D. or other) _____
Address **Lincoln Mo** Date signed **3-7-48**

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 3-48-346

Date Filed 4-12-48

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed L. L. Rasm

Licensed Embalmer No. 1881

P. O. Address Green Ridge 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.