S. No. 2
4—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 27 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 8752

Registrar's No. 1212

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

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community: LIFE

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.: 4208 Olive
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Miss Samuella Huffaker
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: SINGLE
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: DEC (Month) 14 (Day) 1866 (Year)

8. AGE: Years 81 Months 3 Days 1 If less than one day hr. min.

9. Birthplace: KANSAS CITY (City, town, or county) MO (State or foreign country)
10. Usual occupation: none
11. Industry or business:
MOTHER FATHER
12. Name: SAMUEL HUFFAKER
13. Birthplace: (City, town, or county) MO. (State or foreign country)
14. Maiden name: KATE BEHAN
15. Birthplace: (City, town, or county) MO (State or foreign country)
16. (a) Informant: ESMER HUFFAKER
(b) Address: 4208 OLIVE K.C. MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 3/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation: MT WASHINGTON
18. (a) Signature of funeral director: STINET McCLURE
(b) Address: 3235 G. Ilhgm PLAZA
19. (a) 3-17-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15 year 1948 hour 10 minute A. M.
21. I hereby certify that I attended the deceased from March 13, 1948, to March 15, 1948 that I last saw her alive on March 15, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Generalized arteriosclerosis with coronary sclerosis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 93d.	
Major findings: Of operations:	
Of autopsy: See above	

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:
23. Signature: Wm W. Hart (M. D. or other)
Address: Med. Dir. Gen'l Hosp. Date signed: 3-16-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Barry

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 Robert W Reed

Licensed Embalmer No. 3745

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.