V. S. No. 2
50M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12291

FILED APR 26 1948

Registration District No. 1532

Primary Registration District No. ~~3021~~ 5480

Registrar's No.

1. PLACE OF DEATH:
(a) County: Grundy
(b) City or town: Trenton Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Farm 5
(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: Grundy 40
(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No.: County Farm 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: PEARL HUFFSTUTTER
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Aug (Month) 30 (Day) 1889 (Year)

8. AGE: Years 58 Months 6 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation .....
11. Industry or business .....

FATHER
12. Name: Geo. Huffstutter
13. Birthplace: Ill (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Belle Alexander
15. Birthplace: Ont (City, town, or county) (State or foreign country)

16. (a) Informant: L A Huffstutter
(b) Address: Denlap Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/21/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Grove Cem.
18. (a) Signature of funeral director: Chas Gibson
(b) Address: Trenton Mo
19. (a) 3/21/48 (Date received local registrar) (b) Irene Darr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Mar 19 day ..... year: 1948 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from about Jan 1, 19~~47~~ to Mar 19, 19~~48~~ and that I last saw h..... alive on Mar 19, 19~~48~~ and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Stomach	2 yrs
Due to:	
Due to:	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

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? ..... (Means of injury) .....

23. Signature: E. A. Duffy (M. D. ~~or other~~)
Address: Trenton Mo Date signed: Mar 20 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Gordan Blackmore Registered Apprentice No. 78, working under my personal supervision.

Signed Edward G. Spaw

Licensed Embalmer No. 3109

P. O. Address Trenton 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.