

No. 2
1-5-43
5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18413

Registration District No. 334

Primary Registration District No. 4493

Registrar's No.

1. PLACE OF DEATH:

(a) County Shannon

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

(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether years, months or days)

In this community 5 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shannon 101

(c) City or town Birch Tree, Mo 6
(If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Etta Chiffon Huff

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife John Huff

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Sept 18th 1912
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16th
year 1948 hour 10 minute 57 AM.

21. I hereby certify that I attended the deceased from Dec 30
1947 to Feb 16 1948

that I last saw her alive on Jan 1 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Uterus Duration 3 yrs

8. AGE: Years 35 Months 4 Days 28
If less than one day hr. min.

9. Birthplace West Point Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name J. M. Cheatman 9

13. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

14. Maiden name Mollie Bass

15. Birthplace Not Known 9
(City, town, or county) (State or foreign country)

16. (a) Informant John Huff

(b) Address Birch Tree, Mo

17. (a) Burial (b) Date thereof Feb 18th 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walker Chapel Cem, Mountain View, Mo

18. (a) Signature of funeral director Walker Chapel Cem

(b) Address Mountain View, Mo

19. (a) 6-7-48 (b) Mable Rice
(Date received local registrar) (Registrar's signature)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 11/10

Of autopsy

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

23. Signature R. J. Davis (M. D. or other)

Address Birch Tree Mo Date signed 5/8-48

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

RECEIVED 6-9-48
District Health Officer No. 5,
District File Number 648384
Date Filed 6-11-48

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.....

Licensed Embalmer No. 2516

P. O. Address.....

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.