DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1948

Registration District No. 164

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23407

Primary Registration District No. 4254

Registrar's No. 8

1. PLACE OF DEATH:

(a) County: JOHNSON

(b) City or town: KNOB NOSTER
(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 ____ (Specify whether years, months or days)
In this community ____

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: JOHNSON 51

(c) City or town: KNOB NOSTER
(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: CLAUDE VINCENT HUFF

3. (b) If veteran, name war: WORLD WAR I

3. (c) Social Security No. ____

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: DIV. 3

6. (b) Name of husband or wife ____

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

7. Birth date of deceased: AUG (Month) 29 (Day) 1879 (Year)

8. AGE: Years 68 Months 11 Days 2 If less than one day ____ hr. ____ min.

9. Birthplace: JOHNSON CO. (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation: DOCTOR OF DENTISTRY

11. Industry or business ____

MOTHER FATHER

12. Name: C.V. HUFF

13. Birthplace: JOHNSON CO. (City, town, or county) MO. (State or foreign country)

MOTHER

14. Maiden name: FANNYE JANE RIPPLEY

15. Birthplace: JOHNSON CO. (City, town, or county) MO. (State or foreign country)

16. (a) Informant: MOTHER MRS FANNYE HUFF

(b) Address: KNOB NOSTER, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 8-4-48 (Month) (Day) (Year)

(c) Place: burial or cremation: KNOB NOSTER CEM.

18. (a) Signature of funeral director: W. Raymond Baker

(b) Address: KNOB NOSTER, MO.

19. (a) Aug 9, 1948 (Date received local registrar) (b) Emma L. Beatty (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1 year 1948 hour 2 minute 30a M.

21. I hereby certify that I attended the deceased from Aug 1, 1948 to Aug 1, 1948 that I last saw him alive on July 31, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: 1 (a) Coronary Occlusion — Duration

Due to ____

Due to ____

Other conditions ____
(Includes pregnancy within 3 months of death)

Major findings:
Of operations ____

Of autopsy ____

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 ____

23. Signature: R. W. Crow M.D. (M. D. or other)

Address: Knob Noster, Mo. Date signed Aug 1-48

(Licensed Embalmer's Statement on Reverse Side)

AUG 17 1948

AUG 17 1948

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 W. Raymond Baker, Registered Apprentice No. 25 working under my personal supervision.

Signed C. L. Sault

Licensed Embalmer No. 1086

P. O. Address Knob Noster M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.