

FILED AUG 2 1948

State File No. \_\_\_\_\_

Registration District No. 290

Primary Registration District No. 4427

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Pulaski  
(b) City or town Waynesville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 60 years (years, months or days)

3. (a) PRINT FULL NAME Emma Hufft

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 Oct. 18 1860  
(Month) (Day) (Year)

8. AGE: Years 88 Months 8 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name A. V. Wilkerson )  
{ 13. Birthplace Buffalo Missouri )  
{ 14. Maiden name Martha A. Glargo )  
{ 15. Birthplace Buffalo Missouri )  
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Atwill  
(b) Address Waynesville, Mo.

17. (a) Burial (b) Date thereof 6-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mitchell Cemetery

18. (a) Signature of funeral director J.L. Hoops & Sons  
(b) Address Waynesville, Missouri

19. (a) 7-28-48 (b) J. Helmer C. Luckhart  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski  
(c) City or town Waynesville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26  
year 1948 hour 2:40 minute P M.

21. I hereby certify that I attended the deceased from 6-24  
1948 to 6-26, 1948  
that I last saw h. er alive on 6-24  
and that death occurred on the date and hour stated above.

Immediate cause of death Semility  
Duration 5-year

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 162 B  
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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0

23. Signature E. Miller mbl. (M. D. or other)  
Address Waynesville, Mo Date signed 7-24-48

**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..... *Paul B. Hoopes* .....

Licensed Embalmer No..... *3261* .....

P. O. Address..... *Waynesville* .....

**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.**