

No. 2
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5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 21 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30356
State File No. _____
Registrar's No. 378

Registration District No. 200

Primary Registration District No. 5725

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

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Rural Macon Hudson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lake View Rest Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME ANNA Lea HUFFMAN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John L. Huffman 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased July 27 1884
(Month) (Day) (Year)

8. AGE: Years 64 Months _____ Days 27
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name John Canon 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant John L. Huffman
(b) Address Berw Mo

17. (a) Burial (b) Date thereof 8 25 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richardsdale Cemetery Berw Mo

18. (a) Signature of funeral director H. S. Edwards

(b) Address _____

19. (a) 9-13-48 (b) P. M. McNeely
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Macon 61
(c) City or town Macon 3
(If outside city or town limits, write "RURAL") 2
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23
year 1948 2 hour _____ 28 minute _____ A. M.

21. I hereby certify that I attended the deceased from Aug 1
1948 to Aug 23 1948
that I last saw her alive on Aug 23 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Mecema Duration 20 days

Due to Ch. Bright's Disease ?

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 1315
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 D

23. Signature Howard Drulle (M. D. or other) _____

Address Macon Date signed 9/10/48

RECEIVED

District Health Officer No. 10

District File Number 9-48-1653

Date Filed SEP 20 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. B. Edwards*

Licensed Embalmer No. 1961

P. O. Address *Shawnee 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.