No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED SEP 28 1948

State File No. 31766

Registration District No. 347 Primary Registration District No. 4507 Registrar's No. 44

4

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

1. PLACE OF DEATH:
(a) County Stone
(b) City or town Crane
(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 about 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stone 104
(c) City or town Crane
(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 John A. Huffhines
3. (b) If veteran, name war no
3. (c) Social Security No. 2

4. Sex m
5. Color or race wh
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Dead
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 9 (Day) 1879 (Year)

8. AGE: Years 79 Months 9 Days 0 If less than one day hr. min.

9. Birthplace Barry Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farming
11. Industry or business
FATHER
12. Name Robert Bruce Huffhines
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Marenda J. Neil
15. Birthplace Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant Mr. S. P. Huffhines
(b) Address Galena Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 5-48 (Month) (Day) (Year)
(c) Place: burial or cremation Crane Mo
18. (a) Signature of funeral director Everett J. Cheatham
(b) Address Galena Mo
19. (a) Sept. 8-48 (Date received local registrar) (b) Lena Murray Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3 year 1948 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from Feb. 1948, to Death, 19..., that I last saw him alive on Sept. 2, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis, & Senility	
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? (e) Means of injury
23. Signature Fred L. Hammack (M. D. or other) M.D.
Address Crane, Mo Date signed Sept 8 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 948-1070
Date Filed SEP 27 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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena 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.