S. No. 2
M—2-43
5-17-39
I X35637

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1944

Registration District No. 2944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5931

3901

State File No.

Registrar's No. 2

1. PLACE OF DEATH:
(a) County PETTIS
(b) City or town (RURAL) SMITHTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: LAKE CREEK TOWNSHIP
(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 70 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County PETTIS
(c) City or town SMITHTON MO.
(If outside city or town limits, write "RURAL")
(d) Street No. RURAL
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country O

3. (a) PRINT FULL NAME SILAS DAVID HUFFMAN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or Race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 9 (Month) — 26 (Day) — 1863 (Year)

8. AGE: Years 80 | Months 3 | Days 5 | If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business

MOTHER FATHER

12. Name AUSTIN HUFFMAN

13. Birthplace ✓ (City, town, or county) NEW JERSEY (State or foreign country)

14. Maiden name SUSANNA FELIMY

15. Birthplace ✓ (City, town, or county) NEW JERSEY (State or foreign country)

16. (a) Informant FRANK B. VAN DYKE
(b) Address R.F.D. SMITHTON, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-4-1944 (Month) (Day) (Year)
(c) Place: burial or cremation PLEASANT HILL CEMETERY

18. (a) Signature of funeral director GILLESPIE
(b) Address SEDALIA

19. (a) 1/3/44 (Date received local registrar) (b) Mrs Anna Burger (Registrar's signature)

1022

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 1ST
year 1944 hour 6 30 minute P M.

21. I hereby certify that I attended the deceased from ← 1935 to Jan 1 1944
that I last saw him alive on Jan 1 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	2 da
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Prostatic hypertrophy	7 yrs
Hemiplegia	18 mos
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 A. L. Walter (M. D. or other) MD
Address Sedalia Mo Date signed 1-8-44

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 2-7-14

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 L. E. Boulahin

Licensed Embalmer No. 3867

P. O. Address Sedalia 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.