

No. 2
-13-40
-17-39
223159

State File No.

FILED OCT 18 1940
Registration District No. 288

Primary Registration District No. 5406

Registrar's No.

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

1. PLACE OF DEATH:

(a) County De Witt

(b) City or town Warrens
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural Ind. Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Warlee Huff

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Henry Huff 6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased June 24 - 1920
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>20</u>	<u>7</u>	<u>25</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Henry Kemper

13. Birthplace Ark
(City, town, or county) (State or foreign country)

14. Maiden name Gertrude Middleton

15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Huff

(b) Address Kennett Mo

17. (a) Burial (b) Date thereof Sept 21 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director Leahy

(b) Address Kennett Mo

19. (a) 10-11-40 (b) Thelma Dove
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County De Witt

(c) City or town Kennett Rural
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21
year 40 hour 2:00 minute 00 M.

21. I hereby certify that I attended the deceased from Sept 1 1940 to Sept 21 1940
that I last saw her alive on Sept 21 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Melanoma, benign Duration 3 mo

Due to injury to pigmented mole on left heel, Dec 1939

Due to infection of injury

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 57

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

23. Signature George H. Moore (M.D. or other) DO
Address Kennett Date signed Oct 9 1940

RECEIVED

District Health Officer No. 2

District File Number 1040-159

Date Filed 10/15/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.