

FILED MAR 25 1943

State File No.

Registrar's No. 1320

Registration District No. 197

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 7 Weeks
(Specify whether 22 yrs)

In this community 22 yrs
years, months or days)

3. (a) PRINT FULL NAME Elsie Huff

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race Wh

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

6. (b) Name of husband or wife Harry Huff 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Not known
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 - - - - - hr. min.

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

10. Usual occupation House Duties

11. Industry or business

12. Name Nanny Lewis

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

14. Maiden name Eva

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

16. (a) Informant Rose Lewis

(b) Address K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) Burial

(b) Date thereof 3-16-43
(Month) (Day) (Year)

(c) Place: burial or cremation Sheffield Lem

18. (a) Signature of funeral director J. P. Lewis Funeral Home

(b) Address K. C. Mo.

19. (a) 3-17-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 29th & Troost, Appleman House
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1943 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw her alive on 3-14 10 am 19....
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration

Due to Arteriosclerosis of

Cardiac decompensation

Other conditions Pulmonary stasis
(Include pregnancy within 3 months of death).

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy: _____

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) _____

(e) Means of injury _____

23. Signature Dr. T. J. ... (M. D. or other)

Address _____ Date signed _____

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.....

R. L. Lewis

Licensed Embalmer No. *3110*

P. O. Address *K. C. 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.