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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1944

Registration District No. 280

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5961

State File No. 15511

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Platt
 (b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Lee Township
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 Months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Platte
 (c) City or town Rural
(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 0

3. (a) PRINT FULL NAME Susie Abbiegale Huff

3. (b) If veteran, name war X 3. (c) Social Security No. X

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

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

7. Birth date of deceased: Sept 5 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 22
 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Jonathan Morris

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

14. Maiden name Debbie Newl

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

16. (a) Informant Joe Huff

(b) Address Santa Rosa, Mo.

17. (a) Burial (b) Date thereof 4/30/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Muddy Cemetery

18. (a) Signature of funeral director Marion Two Daviess Co, Mo
(Specify type of place)

(b) Address Pattonburg, Mo

19. (a) 4-30-44 (b) Mrs Clay Kiffie
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
 year 1944 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from May 31
1944 until April 27 1944
 that I last saw h. alive on April 23 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to also M. heart Regurgitation

Due to

Other conditions 92R
(Include pregnancy within 3 months of death)

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? Pattonburg, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature John S. S. (M. D. or other)
 Address Pattonburg Mo Date signed 4-30-44

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

RECEIVED

District Health Officer No.

District File Number

Date Filed

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

G. S. Gromer

Licensed Embalmer No.

2857

P. O. Address

Pattersonburg 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.