

No. 2
-12-45
5-17-39
I X47070

FILED AUG 12 1947

Registration District No. 74

Primary Registration District No. 4234

Registrar's No. 30

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 1/2 months
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Ironton
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clara Belle Huff

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Wm. O. Huff 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 27 1871
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 25 If less than one day hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name George H. Miller
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Elizabeth Watson
15. Birthplace Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mamie Dreggers
(b) Address Bismarck Mo.

17. (a) burial (b) Date thereof 7-24-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ironton Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address 2 S. White Ironton Mo.

19. (a) 8-4-47 (b) Mrs. Alice Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1947 hour 9 minute 00 A. M.

21. I hereby certify that I attended the deceased from 7-7-47, 19____, to 7-22-47, 19____;
that I last saw her alive on 7-22-47, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death terminal bronchial pneumonia Duration 1 day

Due to Carcinoma of intestines ?

Due to Chronic myocarditis ?

Due to Secondary anemia ?

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations H&E
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? _____

While at work? _____ (Specify type of place) (b) Means of injury _____

23. Signature J. P. E. Sarland (M.D. or other) _____

Address Ironton, Mo Date signed 7-30-47

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

47
1
0

RECEIVED

District Health Officer No. 4
District File Number 847-1030
Date Filed 8-11-47

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 Arnell J. White

Licensed Embalmer No. 8012

P. O. Address San Antonio, Texas

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.