

31485

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

BUREAU OF THE CENSUS
FILED OCT 13 1942Registration District No. 324Primary Registration District No. 3072Registrar's No. 146

1. PLACE OF DEATH:

(a) County Saline
 (b) City or town Marshall
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
573 South English
 (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) 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
 (c) City or town Marshall
 (If outside city or town limits, write "RURAL")
 (d) Street No. 573 South English
 (If rural, give location)
 (e) Citizen of foreign country? - (Yes or No)
 If yes, name country -

3. (a) PRINT FULL NAME CLARA C. HUFF3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lee C. Huff 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased July 6 1874
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>2</u>	<u>9</u>	hr. min.

9. Birthplace Williamstown Ky (City, town, or county) (State or foreign country)10. Usual occupation House wife11. Industry or business -

12. Name Frank C. Turner
 13. Birthplace Williamstown Ky (City, town, or county) (State or foreign country)
 14. Maiden name Mary R. Williams
 15. Birthplace Williamstown Ky (City, town, or county) (State or foreign country)

16. (a) Informant Hazel Huff Barr(b) Address Marshall Mo. 18 3417. (a) Burial (b) Date thereof 9-19 1942
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Slater Mo18. (a) Signature of funeral director Campbell-Rovin(b) Address Marshall Mo19. (a) 9-18-42 (b) MO T. O. Weather
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15
year 1942 hour 6 minute 50 M.21. I hereby certify that I attended the deceased from Sept 14 1942 to Sept 15 1942 that I last saw him alive on Sept 14 1942 and that death occurred on the date and hour stated above.Immediate cause of death Chronic MyocarditisDue to ObesityDue to ObesityOther conditions Obesity (Include pregnancy within 3 months of death)Major findings: 938Of operations 204Of autopsy 938

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 -Signature Huffman (M. D. or other)Address Marshall Mo Date signed 9/16/42

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

1218 (Licensed Embalmer's Statement on Reverse Side)

