S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 14 1947
Registration District No. 132

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20711
Primary Registration District No. 4203
Registrar's No.

1. PLACE OF DEATH:
(a) County Grundy
(b) City or town Galt
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: -
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution -
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Grundy 40
(c) City or town Galt 0
(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 -

3. (a) PRINT FULL NAME SINA JOSEPHENE HUFFINE
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race Wht.
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov 13 1863 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
83	5	20	hr. min.

9. Birthplace Browning Mo (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Joshua Palmer
13. Birthplace Ind. (City, town, or county) (State or foreign country)
14. Maiden name Ann Unknown
15. Birthplace (City, town, or county) 0 (State or foreign country)

16. (a) Informant W B Huffine
(b) Address Galt Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 5 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Union Grove Cem.
18. (a) Signature of funeral director R K Payne & Son
(b) Address Galt Mo
19. (a) 5-5-47 (Date received local registrar) (b) Irene Daw (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1947 hour 12 minute 10 P. M.
21. I hereby certify that I attended the deceased from 1-1-, 1946 to 5-3, 1946; that I last saw her alive on 4-2-, 1947; and that death occurred on the date and hour stated above.

Duration
Immediate cause of death Myocarditis Chronic ?
Due to
Due to
Other conditions (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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0
(Specify type of place)
While at work? (e) Means of injury
23. Signature W. C. Weston (M. D. or other)
Address Galt Mo. Date signed 5-5-47

(Licensed Embalmer's Statement on Reverse Side)

FEB 11 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 P R Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.