

S. No. 2
1-9-441
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21407**
Registrar's No. **86**

FILED JUL 12 1943
Registration District No. **792**

Primary Registration District No. **4203**

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

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:
1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Grundy
(c) City or town Galt
(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 THOMAS EWAS HUFFINE
(b) If veteran, _____ (c) Social Security No. 4
name war _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 6 day 8
year 1943 hour 7:00 minute P. M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Sina Huffine (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Dec 13 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 8 1943 to June 8 1943
that I last saw him alive on June 8 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
83 5 26 _____ hr. _____ min.

Immediate cause of death Heart Failure
Due to Coronary Occlusion
arteriosclerosis

9. Birthplace _____ (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Retired Grocery Merchant

Other conditions (include pregnancy within 3 months of death) _____
Major findings: 9/4
Of operations _____
Of autopsy _____

MOTHER FATHER
11. Industry or business _____
12. Name John Huffine
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Knauth
15. Birthplace _____ (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs J.E. Huffine
(b) Address Galt mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-11-1943
(Month) (Day) (Year)
(c) Place: burial or cremation Union Grove
18. (a) Signature of funeral director P.K. Payne & Son
(b) Address Galt mo
19. (a) 6-15-43 (b) L.S. Roberts
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury 2
23. Signature Dr. G.C. Newton (M.D. or other) D.O.
Address Galt, Missouri Date signed June 9 1943

FEB 11 1948

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.....

PK 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.