

FILED AUG 12, 1947

Registration District No. 44

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)

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 \_\_\_\_\_

12. Name George H. Miller Mo. 5  
13. Birthplace \_\_\_\_\_  
(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. Anna Jones  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron 47  
(c) City or town Ironton 1  
(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 \_\_\_\_\_

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 him 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

Carcinoma of intestines ?  
Due to Chronic myocarditis ?  
Secondary anemia ?  
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

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_  
23. Signature J. P. E. J. Larland M.D. or other \_\_\_\_\_  
Address Ironton, Mo Date signed 7-30-47