

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

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FILED AUG 22 1944

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 186

**1. PLACE OF DEATH:**

(a) County: Cole

(b) City or town: Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 622 Kansas  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 44 yrs. (Specify whether years, months or days)

**3. (a) PRINT FULL NAME:** Rufus Alfred Huddleston

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No.: \_\_\_\_\_

4. Sex: Male 5. Color or race: Wh 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Kathryn 6. (c) Age of husband or wife if alive: 46 years

7. Birth date of deceased: Jan. 22 1895  
(Month) (Day) (Year)

8. AGE: 49 Years 6 Months 27 Days hr. min.  
If less than one day

9. Birthplace: Marshall Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation: Plumber

11. Industry or business: Contractor

MOTHER FATHER

12. Name: Alfred O. Huddleston

13. Birthplace: Jefferson City Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name: Maude Ann Cook

15. Birthplace: Jefferson City Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant: Miss Dorothy Jean Western

(b) Address: 330 Bolivar

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 18 1944  
(Month) (Day) (Year)

(c) Place: burial or cremation: Centertown Mo.

18. (a) Signature of funeral director: James Lewis

(b) Address: 709 Jefferson

19. (a) 8-18-44 (Date received local registrar) (b) Therma Richter (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Cole

(c) City or town: Jefferson City  
(If outside city or town limits, write "RURAL")

(d) Street No.: 11622 Kansas  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country: \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 17 year 1944 hour 11 minute 4 M.

21. I hereby certify that I attended the deceased from Aug 17 1944 to same 1944; that I last saw him alive on \_\_\_\_\_, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Heart Disease

Due to: Don't know

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 95C  
Of operations: \_\_\_\_\_

Of autopsy: none

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: \_\_\_\_\_

23. Signature: Edw. Manning (M. D. or other)

Address: Jefferson City Date signed: 8-18-44

AUG 30 1944

RECEIVED

District Health Officer. No. 9,

District File Number.....

Date Filed 8-21-44.....

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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 J. A. Anderson.....

Licensed Embalmer No. 3641.....

P. O. Address J. A. Anderson.....

**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.**