

FILED JAN 5 1946

State File No. 42236
Registrar's No. 74

Registration District No. 297 Primary Registration District No. 297 3.057

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
529 East Lexington St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution No (Specify whether years, months or days)

In this community 63 Years

3. (a) PRINT FULL NAME Mrs Ami Hughes

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ami Hughes 6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 1, 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	11	13	hr. min.

9. Birthplace Fayette, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

12. Name Samuel Duncan

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Louisa Hughes (State or foreign country)

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Ray Hughes

(b) Address Richmond, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/16/45 (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Mo.

18. (a) Signature of funeral director Quest-Life Fun. Home

(b) Address Richmond, Mo.

19. (a) Dec 15 45 (Date received local registrar) (b) Malcolm Jackson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Ray

(c) City or town Richmond, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 529 East Lexington St. (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14th day Dec year 1945 hour 2:30 minute a M.

21. I hereby certify that I attended the deceased from Dec 10 - 14 1945 and that I last saw the deceased alive on Dec 14 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Dilatation Duration _____

Due to _____

Due to _____

Other conditions Arterio Sclerosis (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? (Specify type of place) _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) 12/14/45 Date signed _____

Address Richmond

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

MOTHER FATHER

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.....

Licensed Embalmer No. 4796

P. O. Address Richmond, Mo.

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.