

No. 309
M-10-47
5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION

National Office of Vital Statistics

FILED MAY 1 1948

Registration District No. 297

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3057

State File No. 13223

Registrar's No. 33

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

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
W. Buchanan Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 70 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No. W - Buchanan
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Joseph Hughes

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M.O 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 23 1870
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation Coal miner

11. Industry or business _____

12. Name John Hughes

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

14. Maiden name Catherine Kane

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

16. (a) Informant Mrs. Maggie McBrien

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof April 14 - 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Thomas J. Carter

(b) Address Richmond Mo

19. (a) April 15 - 48 (b) Malcol Jackson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12 year 1948 hour about 10:30 M. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic alcoholism

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 corner

23. Signature John F. Baker (M.D. or other) _____
Address Richmond Mo Date signed 4/14/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 4-29-48

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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address.....

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.