

FILED APR 5 1945

Primary Registration District No. **1002**

Registrar's No. **1359**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Jackson Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **St Joseph Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **120 days**
(Specify whether years, months or days)
In this community **20 days**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**
(c) City or town **Jackson Mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **205 C. Royal Richmond**
(Specify street location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **U.S.A.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar** day **24** year **1945** hour **9** minute **15** A.M.

21. I hereby certify that I attended the deceased from **Mar 5, 1945** to **Mar 24, 1945**

that I last saw him alive on **Mar 23, 1945** and that death occurred on the date and hour stated above.

Immediate cause of death **Neurosis**
duodenal ulcer
Lues

Due to **Arteriosclerosis**
(psychosis)
(Voluntarily abstinence)

Due to **(Voluntarily abstinence)**

Other conditions **308**

Major findings: Of operations **308**

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?

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

23. Signature **Delia Williams** (M. D. or other)

Address **826 P. O. Hwy 1st Mo** Date signed **3/24/45**

3. (a) PRINT FULL NAME **Joseph St Hughes**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widow**

6. (b) Name of husband or wife **unk** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Nov 19 1877**
(Month) (Day) (Year)

8. AGE: Years **67** Months **4** Days **5** If less than one day hr. min.

9. Birthplace **Ray Co. Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Phed Porter**

11. Industry or business

12. Name **J. St Hughes**

13. Birthplace **Ray Co. Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Julia Menoff**

15. Birthplace **Ray Co. Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Richard H. Graham**

(b) Address **Richmond Mo**

17. (a) **Burial** (b) Date thereof **3-25-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Richmond Mo**

18. (a) Signature of funeral director **W. B. ...**

(b) Address **Richmond Mo**

19. (a) **3-24-45** (b) **J. Holmes**
(Date received local registrar) (Registrar's signature)

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

8355

MAY 31 1945

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.....

Brothers & Quest
J. M. Brothers

Licensed Embalmer No. *1002*

P. O. Address... *Submond, W*

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.