

FILED JUL 9 1946

Registration District No. 276

Primary Registration District No. 4445

Registrar's No. 19

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

1. PLACE OF DEATH:

(a) County RAY

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

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

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

In this community Forty years

3. (a) PRINT FULL NAME MARTHA FRANCES HUGHES

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced _____

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

7. Birth date of deceased Sept 11 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name James H Thompson

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

14. Maiden name Frances S. Campbell

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

16. (a) Informant Ethel McKissack

(b) Address Orriech

17. (a) Burial (b) Date thereof 6-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rifle Cem.

18. (a) Signature of funeral director Blair Wood

(b) Address Orriech

19. (a) 7/1/46 (b) Helew Larkin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ray

(c) City or town Orriech, Mo
(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 June day 29 year 1946 hour 12:00 minute noon

21. I hereby certify that I attended the deceased from March 10, 1945, to June 29, 1946
that I last saw her alive on June 29, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 4 day

Due to Pleurisy 10 day

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 107

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature Virgil E. Slade (M. D. or other) _____
Address Orriech, Mo. Date signed 7-1-46

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 7-8-46

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.....

.....
working under my personal supervision.

Self

....., Registered Apprentice No.....

Signed *Victor E. Lumminger*

Licensed Embalmer No. *2896*

P. O. Address *Liberty 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.