

FEB 20 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3494
Do not use this space.

1. PLACE OF DEATH
 (a) County Ray Registration District No. 740
 (b) Township 0 Primary Registration District No. 444 Registered No. 2
 (c) City Hardin (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Mary Francis Hughes
 (a) Residence, No. _____ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-19-1848
 7. AGE YEARS 91 MONTHS 0 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near New Bas City
 13. NAME Dont Know Ray
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 15. MAIDEN NAME Dont Know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know
 17. INFORMANT (ADDRESS) Mrs. Grace Flanigan North K.C. Mo. Route 8.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hardin DATE Jan-12-1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jno W Knipschild Hardin Mo
 20. FILED Jan 12 1940 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10 1940
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1940, to Jan 10 1940
 I last saw him alive on Jan 9 1940. Death is said to have occurred on the date stated above, at 8 A.M.
 The principal cause of death and related causes of importance were as follows:
Influenza
 Other contributory causes of importance:
Arterio Sclerosis
Myocarditis
Atherosclerosis - General
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____ (Signed) Marvin Grimm, M. D.
 (Address) Hardin, Mo.

Date of onset
Jan 5-40
2 1/2 yrs
30 days

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-1-12-38 I X14023

RECEIVED
District Health Officer, No. 8,
District File Number
Date Filed 2/9/40

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, me

..... or by

Registered Apprentice No., working under my personal supervision.

Signed John W. Knipschild

Licensed Embalmer No. 2789

P. O. Address Hardin 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

3494

Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 740

(b) Township Hardin Primary Registration District No. 4442 Registered No. 2

(c) City Hardin (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Francis Hughes

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>91</u>	<u>0</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Kansas City

FATHER

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs. Grace C. ... North Kansas City - Rd. 8

18. BURIAL, CREMATION, OR REMOVAL PLACE Hardin Cem. DATE Jan. 12th 1940

19. FUNERAL DIRECTOR (ADDRESS) Jno. W. Pimpfchild Hardin Mo.

20. FILED Jan. 12 1940 P. L. Williford Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10-1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10th 1940 to Jan. 10th 1940

I last saw her alive on Jan. 10th 1940. Death is said to have occurred on the date stated above, at 8-2³⁰ a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial infarction

Other contributory causes of importance: Arterio Sclerosis

myocarditis

Date of onset Jan. 5th 1940

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify _____

(Signed) Marion Primes, M. D.

(Address) Hardin Mo.

DUPLICATE

93A'

25
26

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-3494