

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

33868

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **4561**

FILED NOV 12 1946
Registration District No. **197**

Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
32596

1. PLACE OF DEATH:
 (a) County **Taylor**
 (b) City or town **Kennett City, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Conv. Home 622 BENTON 4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **71 Days**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mrs. Willie A. Hughes**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **none**

4. Sex **fe** **5. Color or race** **w**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Joseph Hughes**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Feb 29, 1874**
(Month) (Day) (Year)

8. AGE: Years **72** Months **8** Days **0**
 If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housekeeper**

11. Industry or business _____

12. Name **Unknown**

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

14. Maiden name **Jean Scott**

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

16. (a) Informant **Marvin Hughes**

(b) Address **Pioche, Nevada**

17. (a) Burial, cremation, or removal **burial** **(b) Date thereof** **10/31/46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Camden, Mo.**

18. (a) Signature of funeral director **Just. Kell P. Hance**

(b) Address **Richmond, Mo.**

19. (a) Date received local registrar **10-30-46** **(b) Registrar's signature** **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo** (b) County **Ray**
 (c) City or town **Camden, 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 **Oct** day **29th** year **1946** hour **5** minute **50th** P. M.

21. I hereby certify that I attended the deceased from **October 28** 19**46** to **Oct. 29** 19**46**
 and that death occurred on the date and hour stated above.

that I last saw him alive on **Oct 29** 19**46**
 Immediate cause of death: **Embolic**

Due to **Hemorrhage**

Due to **Natural Causes**

Other conditions **Embolic**
(Include pregnancy within 3 months of death)

Major findings: **Myocardial**
 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 _____

23. Signature **W. E. Paul** (M. D. or other) _____
 Address **La. E. 11 St.** Date signed **10-30-46**

Duration _____ at _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

NOV 19 1946

NOV 13 1946

DEC 4 1946

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..... *Louis Guent*

Licensed Embalmer No. *4096*

P. O. Address..... *Richmond*

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.