

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.

REC'D MAR 17 1938

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

6480
Do not use this space.

1. PLACE OF DEATH *Blay* 3
 (a) County *Blay* Registration District No. *201*
 (b) Township *Liberty* 1 Primary Registration District No. *5280* Registered No. *17*
 (c) City *Lebanon* (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 *Lulla Hughes* 220
 (a) Residence, No. *F. O. F. Home* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *about 72 yrs.*

7. AGE YEARS *22* MONTHS _____ DAYS _____ 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) *Hanson, 1*

13. NAME *Thomas Hughes* 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill.* 9

15. MAIDEN NAME *Hanson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Hanson*

17. INFORMANT *Records, F. O. F. Home* (ADDRESS) *Liberty Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Burison Mo.* DATE *2-22* 19*38*

19. FUNERAL DIRECTOR *Hessel-Bander* (ADDRESS) *Liberty Mo.*

20. FILED *2-22* 19*38* *E. T. Brant* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-22* 19*38*

22. I HEREBY CERTIFY that I attended deceased from *about 11:30* until *1:30* *Feb 20 1938* I last saw her alive on *Feb 20 1938* Death is said to have occurred on the date stated above, at *2:30* m. The principal cause of death and related causes of importance were as follows: *Senile Dementia* Date of onset *162*

Other contributory causes of importance: _____

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? If so, specify _____ (Signed) *H. H. Neerke*, M. D. (Address) *Liberty, Mo.*

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

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.)