REC'D MAR 22 1938

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

7627
Do not use this space.

1. PLACE OF DEATH
(a) County Rodaway
(b) Township
(c) City Maryville
Registration District No. 626
Primary Registration District No. 2031
Registered No. 27
(d) Street No. St Francis Hospital 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.

74 9 0

2. PRINT FULL NAME Verna Irmadene Hughes 220
(a) Residence, No. St. Sheridan, Mo.
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1928

7. AGE: Years 9 | Months 10 | Days 14 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. In School
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) Lucas
(STATE OR COUNTRY) So. Dak.

FATHER
13. NAME Oscar Hughes
14. BIRTHPLACE (CITY OR TOWN) Guilford
(STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Opal Spaulding
16. BIRTHPLACE (CITY OR TOWN) Sheridan
(STATE OR COUNTRY) Mo.

17. INFORMANT Oscar Hughes
(ADDRESS) Sheridan Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sheridan Mo. DATE Mar. 1 1938

19. FUNERAL DIRECTOR Cummins Funeral C
(ADDRESS) Maryville Mo.

20. FILED 2-28 1938 Mamie E. Clardy
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1938

22. I HEREBY CERTIFY, That I attended deceased from 2/21, 1938 to 2/27, 1938
I last saw h. alive on 2/27, 1938 Death is said to have occurred on the date stated above, at 7:00 p.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar Lobe Left — Date of onset 2/21/38
108

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

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) D. K. Gerard, M. D.
(Address) Burlington Jct Mo
556

(Licensed Embalmer's Statement on Reverse Side)

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.

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 w the above constitutes grounds for revocation of license.)