

REC'D MAY 9 1938

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

13655

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 100P  
 (c) City Kansas City (d) Street No. Mersey Hospital Registered No. 1635  
 (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

Charles David Hughes  
 (a) Residence, No. 205 W. 2<sup>nd</sup> St. St.  Higginsville, Mo.  
 (Usual place of abode, if no street address, write county or city) (If no resident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>None</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-30-34</u>		
7. AGE YEARS <u>3</u>	MONTHS <u>9</u>	DAYS <u>18</u>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>None</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Higginsville, Mo.</u>		
FATHER	13. NAME <u>J. D. Hughes</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Higginsville, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Jean Kelso</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Higginsville, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Charlie Kelso, Higginsville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Higginsville</u> DATE <u>4/20/38</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>A. W. Fisher, Higginsville, Mo.</u>		
20. FILED <u>Apr 18 1938</u> <u>M. A. Cross</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18 1938  
 22. I HEREBY CERTIFY, That I attended deceased from April 18 1938 to April 18 1938  
 I last saw him alive on April 18 1938. Death is said to have occurred on the date stated above, at 8:00 pm.  
 The principal cause of death and related causes of importance were as follows:

Bilateral Pneumonia Date of onset 4-7-38

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? .....  
 If so, specify .....  
 (Signed) C. J. Eldridge, M. D.  
 (Address) 12047 Brook Park, K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

David Moritz, M.D.

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.

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**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.)**