

REC'D JUN 20 1938

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

18711

Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
 (b) Township Mc. Vernon Primary Registration District No. 5-1633P Registered No. 574
 (c) City McVernon (d) Street No. Missouri State Sanatorium 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. 9 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Clarence Edward Hug
 (a) Residence, No. 5717 St. John St., Kansas City, Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs C E Hug
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 5 - 1893
 7. AGE YEARS 44 MONTHS 6 DAYS 3 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. Farmer
 10. Date deceased last worked at this occupation (month and year) April 1936 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hug Jimville Missouri

FATHER 13. NAME Michael Hug
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berger Mo

MOTHER 15. MAIDEN NAME Louisa Humberg
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berger Mo

17. INFORMANT Mrs. Michael Reid Clerk
 (ADDRESS) Mo State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL PLACE Independent Mo DATE May 4 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. J. Funkhouser Independent Mo

20. FILED May 8 1938 P. A. Holmes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-11, 1937 to May 8, 1938

I last saw him alive on May 8, 1938 Death is said to have occurred on the date stated above, at 8:15 P.M.

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

Pulmonary Tuberculosis Far Advanced

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? clinical 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) W. B. Barksdale, M. D.

(Address) Mo Stat. San. McVernon Mo.

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.....

Licensed Embalmer No.....

P. O. Address:.....

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.