

REC'D FEB 25 1939

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

3456

Do not use this space.

1. PLACE OF DEATH

(a) County Pettis
(b) Township.....
(c) City Sedalia
(e) Length of residence in city or town where death occurred

Registration District No. 668Primary Registration District No. 3039(d) Street No. 906 So. Ky.

(If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. X/14

(f) How long in U. S., if of foreign birth? yrs. mos. ds. yrs. mos. ds.

2. PRINT FULL NAME 320 Edward Christopher Hughes(a) Residence, No. 320 West 10th.St.

(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 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 Sarah Margaret Hughes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 2 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed

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) Hughesville Mo. 0

13. NAME Dr. Ned Hughes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hughesville Mo. 0

15. MAIDEN NAME Marian Kidd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hughesville Mo.

17. INFORMANT (ADDRESS) Mrs. Walter Porter Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Jan. 14, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gillespie Funeral Home Sedalia, Mo.

20. FILED 1-13-39 Mrs. Harry Sneed Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 12 1939

22. I HEREBY CERTIFY, That I attended deceased from as common to case only 19...
I last saw as common case only 19... Death is said

to have occurred on the date stated above, at 7:00 a.m.

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

Cerebral haemorrhage

Date of onset

Other contributory causes of importance:

arteriosclerosis

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? noIf so, specify Edmond Hayflicker M. D.(Signed) Edmond Hayflicker M. D.906 (Address) Common of Pettis County

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.

APR 11 1958

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/8/58

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.