REC'D MAY 10 1939

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

13924
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township or Kaw
(c) City Kansas
Registration District No. 399
Primary Registration District No. 1002
Registered No. 1678
(d) Street No. Research 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.

2. PRINT FULL NAME 224 Melvin Merritt Hughes
(a) Residence, No. 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) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 24, 1896
7. AGE Yrs. 43 Months 2 Days 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Groc Clerk
9. Industry or business in which work was done, as saw mill, bank, etc. Grocery Store
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) Jackson Co. Indep. Mo. Mo.

FATHER
13. NAME James Melvin Hughes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richman Mo.

MOTHER
15. MAIDEN NAME Fannie Garnett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Woodfer Ky.

17. INFORMANT (ADDRESS) James Garrett Hughes Harrisonville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Harrisonville DATE Mo. 4-22, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) RUHNENBURGER'S HARRISONVILLE, MO.

20. FILED Apr 21, 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-10, 1939, to 4-21, 1939
I last saw him alive on 4-21, 1939. Death is said to have occurred on the date stated above, at 925 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
A. Leukemia Leukemia	
72a	

Other contributory causes of importance:

Name of operation Autopsy Blood unit Date of
What test confirmed diagnosis? Was there an autopsy? yes

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) Donald Black, M. D.
(Address) 924 Dr W Bldg KC Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X16605

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 Ernest Rammenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville Mo.

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.