

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.

Registration District No. 104 Primary Registration District No. 3008 Registrar's No. 259

1. PLACE OF DEATH:
 (a) County Callaway
 (b) City or town Fulton
 (c) Name of hospital or institution: 1016 Bluff
 (d) Length of stay: In hospital or institution _____
 In this community _____ years, months or days

3. (a) PRINT FULL NAME Thomas Jefferson Hughes
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex m 5. Color or race W
 6. (b) Name of husband or wife May Hughes
 7. Birth date of deceased April 9 1859

8. AGE: Years 80 Months 5 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Maumour Co. Missouri

10. Usual occupation P. R. Section Foreman

11. Industry or business _____
 12. Name Wm. Hughes
 13. Birthplace Mo
 14. Maiden name Wm
 15. Birthplace Mo

16. (a) Informant's own signature Sarah Carter
 (b) Address Fulton, Missouri
 17. (a) Burial (b) Date thereof 9/15/39
 (c) Place: burial or cremation Hillcrest Cemetery
 18. (a) Signature of funeral director Leg. H. Ballou
 (b) Address Fulton, Missouri
 19. (a) Sept 15, 1939 (b) P. N. Crews

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Callaway
 (c) City or town Fulton
 (d) Street No. 1016 Bluff
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 14
 year 1939 hour 12 minute 4 a. M.
 21. I hereby certify that I attended the deceased from Sept 9
 _____, 1939, to Sept 14, 1939;
 that I last saw him alive on Sept 13, 1939;
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
 Duration _____
 Due to _____
 Due to _____

Other conditions Cardiogenic Shock
 (Include pregnancy within 3 months of death)
 Major findings Myocarditis
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 While at work? _____ (Specify type of place) _____ (e) Means of injury _____
 23. Signature H. W. Ballou (M. D. or other) _____
 Address Fulton Mo Date signed 9-14-39

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... *Harold J. Christy*
Licensed Embalmer No. *40526*
P. O. Address... *Buttontown, 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.