

NOV 14 1939

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

36156
Do not use this space.

1. PLACE OF DEATH

(a) County GRAND Registration District No. 328
(b) Township _____ Primary Registration District No. 3017 Registered No. _____
(c) City IRENTON (d) Street No. _____
(e) Length of residence in city or town where death occurred 20 yrs. - mos. & ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

HERBERT F. HUGHES
(a) Residence, No. 7 Truman St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Lonnie Camel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12 1911
7. AGE YEARS 28 MONTHS - DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Railroad
10. Date deceased last worked at this occupation (month and year) June 3, 1939 11. Total time (years) spent in this occupation 28
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick Missouri

FATHER 13. NAME James Edward Hughes 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison County Missouri

MOTHER 15. MAIDEN NAME Maggie Catherine Miller 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Missouri

17. INFORMANT James Edward Hughes (ADDRESS) Trenton, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Gov. Park Cem. Trenton, Mo. DATE 6-10-39

19. FUNERAL DIRECTOR (NAME) Daniel F. Finner (ADDRESS) Trenton, Mo.
20. FILED 6-8-39 J. Fred D. Jarr Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-7th 1939

22. I HEREBY CERTIFY, That I attended deceased from viewed body as coroner
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Coronal Hemorrhage caused by injury to head Date of onset 6-7-39

Other contributory causes of importance: 1938

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 7, 1939
Where did injury occur? Trenton (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place
Manner of injury Dead fall
Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____
(Signed) [Signature] M. D.
(Address) Trenton, Mo.

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.

RECEIVED

District Health Officer No. 117

District File Number

1139-1401

Date Filed -- OCT 27 1939

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,

Raymond A. Davis

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Raymond A. Davis

Licensed Embalmer No.

3424

P. O. Address

Trenton, 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.