

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.

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

FILED FEB 16 1940

3497
Do not use this space.

1. PLACE OF DEATH

(a) County Way Registration District No. 744
(b) Township Richmond Primary Registration District No. 3035 Registered No. 262
(c) City Richmond Mo. (d) Street No. _____ 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Jula Hughes

(a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IS MARRIED, WIDOWED, OR DIVORCED
HUSBAND of Geo. A. Hughes
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hr. or _____ min.
83 6 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hans Kaper
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) Richmond
(STATE OR COUNTRY) Mo.13. NAME Josephette Harper14. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY)15. MAIDEN NAME Maury Harper Maury16. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)17. INFORMANT Joseph S. Hughes
(ADDRESS) Richmond Mo.18. BURIAL, CREMATION, OR REMOVAL buried
PLACE Richmond Mo. DATE Dec. 8, 193419. FUNERAL DIRECTOR (NAME) J. B. Brothers
(ADDRESS) Richmond Mo.20. FILED Jan. 31, 1940 Malady Jackson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6, 194022. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1940 to Jan. 6, 1940

I last saw her alive on Jan. 5, 1940. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Hypostatic Pneumonia
75%
Date of onset Jan 5

Other contributory causes of importance Cardiovascular DiseaseName of operation clinical Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____
(Signed) Dr. E. G. Penave(Address) Richmond, Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1/5/40

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.....

J. B. Brothers
.....
working under my personal supervision.

Registered Apprentice No. 2001

Brothers Funeral Home

Signed *J. B. Brothers*,
.....

Licensed Embalmer No. 2001

P. O. Address *Richmond, 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.