

No. 2
4-12-40
5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED AUG 3 1940

Registration District No. 562

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3030

25753

State File No.

Registrar's No. 102

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
(a) County Mississippi
(b) City or town Charleston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 years
years, months or days

3. (a) PRINT FULL NAME Ed Hughs
3. (b) If veteran, name war no
3. (c) Social Security No. 489-14-8827

4. Sex Male
5. Color or race Col
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive none years
7. Birth date of deceased Not Known
(Month) (Day) (Year)

8. AGE: Years About 50
Months Days If less than one day
hr. min.

9. Birthplace Not Known
(City, town, or county) (State or foreign country) 9

10. Usual occupation Farm Laborer

11. Industry or business Farming

12. Name Not Known
13. Birthplace Not Known
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant C. H. Williams
(b) Address Charleston, Mo

17. (a) Burial (b) Date thereof 7/29/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove-Charleston Mo

18. (a) Signature of funeral director Lair-Nunnelee
(b) Address Charleston, Mo

19. (a) 7-30-40 (b) F. J. Vernon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi
(c) City or town Charleston
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th
year 1940 hour 10 minute 30 a. M.

21. I hereby certify that I attended the deceased from 7-28- 1940 to - 1940;
that I last saw him alive on 7-28- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to _____

Due to g.H. 10

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration
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? Mo 375

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. A. Lingal (M. D. or other) 1
Address 311 S. Elm St. Charleston, Mo Date signed 7-29-40

RECEIVED

District Health Officer No. 2,

District File Number 840-1287

Date Filed 8/2/40

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.....

....., 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, fact should be so stated above.