

U.S. No. 7
M-11-10-39
Rev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26001

State File No. _____

Registration District No. 678

Primary Registration District No. 5904

Registrar's No. _____

31

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

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town St James Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Soldiers Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months
(Specify whether years, months or days)

In this community Soldiers Home
years, months or days 1 or 11

8. (a) PRINT FULL NAME Sylvester B Hughes

8. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex Male **5. Color or race** White **6. (a) Single, widowed, married, divorced** M

6. (b) Name of husband or wife Laura Hughes **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased Jan 28 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 25 If less than one day
hr. _____ min. _____

9. Birthplace Trenton MO
(City, town, or county) (State or foreign country)

10. Usual occupation Rail Road work

11. Industry or business _____

12. Name William J Hughes

13. Birthplace Grundy Co MO
(City, town, or county) (State or foreign country)

14. Maiden name Ann Starr

15. Birthplace Grundy Co MO
(City, town, or county) (State or foreign country)

16. (a) Informant Earl S Hughes

(b) Address Stoetson Real

17. (a) Rural **(b) Date thereof** 7-25-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mesaue Cem

18. (a) Signature of funeral director W. B. Shuler

(b) Address St James MO

19. (a) 7-25-40 **(b)** Elaine Brooks
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Phelps

(c) City or town St James
(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 7 day 23
year 1940 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from 11:15 1940
_____ 19____, to July 23, 1940;

that I last saw him alive on July 23, 1940;

and that death occurred on the date and hour stated above.

Immediate cause of death Wardlysis of Palatae
Muscles & Constriction
Due to Muscles of the
pharynx

Due to _____

Other conditions 1150
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? Will

While at work? _____ (Specify type of place)

(e) Manner of injury _____

23. Signature W. B. Shuler (M. D. or other)

Address St James MO **Date signed** _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

APR 20 1950

OCT 2 1951

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

O. L. Klich

Licensed Embalmer No.

3546

P. O. Address

St James

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.