

S. No. 2
-11-20-3
5-1-1
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36481**
Registrar's No. **155**

Registration District No. **796**

Primary Registration District No. **3038**

1. PLACE OF DEATH:
(a) County **Saline**
(b) City or town **Marshall**
(c) Name of hospital or institution: **Fitzgibbon Hospital**
(d) Length of stay: In hospital or institution **6 hours**
In this community **Life**

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Saline**
(c) City or town **Sweet Springs "Rural"**
(d) Street No. **0**
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME **WALTER WESLEY HUGHES**
3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **Aug - 27 - 1924**
(Month) (Day) (Year)

8. AGE: Years **16** Months **1** Days **7** If less than one day hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business
12. Name **Roy Lee Hughes**
13. Birthplace **Malta Bend MO**
14. Maiden name **Sally Anthony**
15. Birthplace **Benton Co MO**

16. (a) Informant **Roy Lee Hughes**
(b) Address **Sweet Springs R4 MO**

17. (a) **Burial** (b) Date thereof **10-5-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **High Point Cem**
18. (a) Signature of funeral director **Harry Hershberger**
(b) Address **Marshall MO**

19. (a) **10-5-40** (b) **Mary Kent**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct** day **4** year **1940** hour **12:10** minute **A.M.**

21. I hereby certify that I attended the deceased from **Oct 3** 19**40** to **Oct 4** 19**40**
that I last saw him alive on **Oct 3** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **General Septicemia**
Infection at elbow
Due to **History of having broken elbow 3 wks ago**

Due to **Other conditions (The father treated by Osteopath)**

Major findings: Of operations **1 lb 1/2**
Of autopsy **1 lb 1/2**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **accidental fall**
(b) Date of occurrence **3 wks ago**
(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?
712 - 1/2
While at work? (Specify type of place) (e) Means of injury

23. Signature **Mary Kent** (M. D. or other) **1**
Address **Marshall, MO** Date signed **10-5-**

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

7
5
2

RECEIVED
District Health Officer No. 8,
District File Number
11-13-40
Date Filed

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 Felix Perry

Licensed Embalmer No. H127

P. O. Address Marshall 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.