

JAN 25 1941

Registration District No. 733

Primary Registration District No. 4438

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH

(a) County RANDOLPH  
(b) City or town Huntsville  
(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)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 31 yrs. \_\_\_\_\_ (Specify whether  
years, months or days) \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Randolph  
(c) City or town Huntsville  
(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.

3. (a) PRINT FULL NAME Hattie Atlanta Hughes

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Nathaniel Hughes 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 16 1864  
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 15 If less than one day  
hr. \_\_\_\_\_ min.

9. Birthplace Morris, Ill. (City, town, or county) (State or foreign country)  
Housewife

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Charles Reed

13. Birthplace England (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hook (City, town, or county) (State or foreign country)

15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Hughes

(b) Address Huntsville, Mo

17. (a) Burial (b) Date thereof Dec. 3, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Huntsville, Mo.

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville, Mo

19. (a) Jan-1-1941 (b) Mrs. S. B. Bernhart  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15<sup>th</sup>  
year 1940 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1939, to Dec 15<sup>th</sup>, 1940  
that I last saw her alive on Dec 15<sup>th</sup>, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration 4 days  
myocarditis  
Due to Arthritis (Atrophic) several years  
Due to Chronic interstitial Nephritis several years  
Other conditions Scurvy  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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?  
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(e) While at work? \_\_\_\_\_ (Specify type of place)  
(f) Means of injury \_\_\_\_\_

23. Signature D. A. Johnston (M. D. or other) D.O.  
Address Huntsville, Mo Date signed 12/18/40

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

RECEIVED

District Health Officer No. 10

District File Number 1-41-52

Date Filed JAN 7 1941

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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 Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, N

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.