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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1894

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 124

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

11
1
7

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Saint Joseph Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks (Specify whether
In this community All but 12 years in Ireland
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11
(c) City or town Saint Joseph 7
(If outside city or town limits, write "RURAL")
(d) Street No. 1923 South 4 th Street 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 68 years.

3. (a) PRINT FULL NAME Mrs. Bridget A. Hughes

3. (b) If veteran, name war —
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2

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

7. Birth date of deceased December (Month) 25, (Day) 1861 (Year)

8. AGE: Years 79 Months 1 Days 4 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Thomas McCue
13. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Unknown Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Ramsey McCan
(b) Address 1806 So. 9th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 31 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Mrs. E. R. Eidenfaden F. Home
(b) Address 602 South 10th Street

19. (a) 1/31/41 (Date received local registrar) (b) H J Mestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1941 hour 6 minute 15 a M.

21. I hereby certify that I attended the deceased from 1-4, 1941, to 1-29-41, 19__;
that I last saw her alive on 1-29-41, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Embolism

Due to following wiring of leg with application of cast.

Due to Fracture of left femur 1-2-41

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

Major findings:
Of operations 1860
Of autopsy No

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) Accident 131
(b) Date of occurrence Jan. 2, 1941
(c) Where did injury occur? St. Joseph (City or town) (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Fell striking hip on stove

23. Signature [signature] (M. D. or other)
Address St. Joseph Mo Date signed 1-30-41

(Licensed Embalmer's Statement on Reverse Side)

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 Mollie E. Sidenfaden, Registered Apprentice No. 145 working under my personal supervision.

Signed R. V. West

Licensed Embalmer No. 3876

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.