No. 2
-13-40
-17-39
X2315

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10716

State File No.

WM APR 10 1941 318

Registration District No.

Primary Registration District No. 2001

Registrar's No. 254

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

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2135 N Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 2135 N Main 6
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MAMIE E. HuGHES
3. (b) If veteran, name war NO
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Billie Hughes
6. (c) Age of husband or wife if alive Dec years
7. Birth date of deceased Apr. (Month) 8 (Day) 1885 (Year)

8. AGE: Years 55 Months 11 Days 19 If less than one day hr. min.

9. Birthplace Utica Ohio (City, town, or county) 1 (State or foreign country)
10. Usual occupation Dietitian + practical nursing
11. Industry or business
FATHER
12. Name Louis Smoots
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country) 1
MOTHER
14. Maiden name Lillian Hemler
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country) 1
16. (a) Informant Nettie Smoots Robison
(b) Address H 4 Springfield Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof March 30, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Shenandoah Iowa
18. (a) Signature of funeral director J. W. Klingner + Co
(b) Address Springfield Mo.
19. (a) 3-30-41 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 27 year 1941 hour 3 30 pm minute M.
21. I hereby certify that I attended the deceased from 2/12, 1941, to 3/27/, 1941, that I last saw her alive on 3/2/, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Block — Duration 2/12/41
Due to Coronary Occlusion
Due to 940
Other conditions Auricular Fibrillation
(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? (Specify type of place)
While at work? (e) Means of injury
23. Signature C. E. Feller (M. D. or other) 11
Address Springfield Mo Date signed 3/29/41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Ogle Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

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

If this body is not embalmed, fact should be so stated above.