FILED MAY 19 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

15198

1. PLACE OF DEATH
County Miller — Registration District No. 565 — File No.
Township Glaize — Primary Registration District No. 5761a — Registered No. 57
City Kaiser (No. , St. Ward)

2. FULL NAME Mary Ellen Burr Hughes
(a) Residence, No. Miller Co Mo Ward Kaiser
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed 2

5A. ~~IF MARRIED~~, WIDOWED, ~~[illegible]~~ ~~HUSBAND OF~~ (OR) WIFE OF Paley Carpenter Hughes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23, 1856

7. AGE — YEARS 84 — MONTHS 4 — DAYS 3 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perrin Clinton County, Mo. 0

FATHER
13. NAME John William Burr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charlestown West Virginia

MOTHER
15. MAIDEN NAME Willie Edmonia Wiltshire
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charlestown W. Va.

17. INFORMANT (ADDRESS) William C Perkins Kaiser, Mo

18. BURIAL, CREMATION, OR REMOVAL Perrin Cemetary
PLACE Perrin, Mo DATE 3/28 1941

19. UNDERTAKER (ADDRESS) Poland Funeral Home Camargo Mo

20. FILED 3/26 1941 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1941

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1941, to March 26, 1941
I last saw her alive on March 15, 1941. Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1939
Due to	
Coronary artery sclerosis	1937

Other contributory causes of importance:

94 A

Name of operation None Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Myron D. Jones DO M.D.
(Address) Brumley, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impor

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15198

Registration District No. 565 Primary Registration District No. 5261a Registrar's No. 57

1. PLACE OF DEATH:
(a) County Miller
(b) City or town Glaize Kaiser
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(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 Mary Ellen Burr Hughes
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex
5. Color or race
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director Roland Funeral Home
(b) Address Cameron 478
19. (a) 3/26/41 (Date received local registrar) (b) CR Hunter (Registrar's signature)

Information supplied by Mrs. Hughes

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to
Due to
Other conditions
(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?
While at work? (Specify type of place) (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.
County File Number 41-57
Date Filed 5/13/41

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 Jimmy Scott Hucks

Licensed Embalmer No. 4092

P. O. Address Cameron, 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, fact should be so stated above.