

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17810
Registrar's No. 394

Registration District No. 316

Primary Registration District No. 2001

FILED JUN 12 1941

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

1. PLACE OF DEATH:

(a) County GREENE
Springfield

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Springfield Baptist Hospital ()
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 hours
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Unknown ^{??}

(c) City or town Almartha ⁶
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location) 1

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Baby Boy Hughes (Infant)

(b) If veteran, name war no

(c) Social Security No. None

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced Inf

(b) Name of husband or wife None

(c) Age of husband or wife if alive XX years

7. Birth date of deceased May 10 1941
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

1 0 0 0 18 hr. 26 min.

9. Birthplace Springfield () Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Inf.

11. Industry or business _____

12. Name Fred Earl Hughes

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

14. Maiden name Anna Marie Cornelison

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

16. (a) Informant Father - Fred Hughes

(b) Address Almartha Mo

17. (a) Burial (b) Date thereof 5-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Jay, Oklahoma

18. (a) Signature of funeral director Director body taken from hospital by father - Fred Hughes

(b) Address _____

19. (a) 5-12-41 (b) W. E. Hurdley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1941 hour 12 minute 26 P.M.

21. I hereby certify that I attended the deceased from May 10
1941 to May 11, 1941;
that I last saw him alive on May 10, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Pneumonia 8mo

Due to Inanition 15H

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? _____

_____ (Specify type of place)

Signature Robert Elyon (M. D. or other) MD

Date signed 5/15/41

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.....

..... Licensed Embalmer No.

..... P. O. Address.....

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.