No. 2
1-10-39
17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18813

State File No. 8

Registration District No. 732 Primary Registration District No. ~~4437~~ 5966 Registrar's No. 732

1. PLACE OF DEATH:

(a) County Randolph Creek

(b) City or town ~~R. F. D. Higbee~~ Moniteau
(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 years, months or days) 75-- 4-- 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88

(c) City or town R. F. D. Higbee Mo 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME George W Hughs

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Black

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

6. (b) Name of husband or wife Willie Hughs

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Dec (Month) I9 (Day) I865 (Year)

8. AGE: Years 75 Months 4 Days I If less than one day hr. min.

9. Birthplace Randolph Co 0 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name George W Hughs
13. Birthplace Chariton Co 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Isabelle Denny
15. Birthplace Chariton Co 0 (City, town, or county) (State or foreign country)

16. (a) Informant Dave Hughs
(b) Address Higbee Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 22 I94I (Month) (Day) (Year)
(c) Place: burial or cremation Mt Zion

18. (a) Signature of funeral director Joe W Burton 660
(b) Address Higbee Mo

19. (a) 4-22-41 (Date received local registrar) (b) J W Winn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year I94I hour 3 minute 45 PM.

21. I hereby certify that I attended the deceased from Jan 7, 1941, to April 20, 1941; that I last saw him alive on April 20, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	10 da
Due to: Enlarged Prostrate	Aug 1940
Due to:	
Other conditions (Include pregnancy within 3 months of death) 137a	

Major findings:
Of operations No
Of autopsy No

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 J W Winn (M. D. ~~or other~~) M.D.
Address Higbee Mo Date signed 4/22-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-41-1157
Date Filed JUN 18 1941

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 Me

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

working under my personal supervision.

Signed Orel Roberson

Licensed Embalmer No. 4101

P. O. Address Wigbee, M

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.