

Registration District No. 582

Primary Registration District No. 5779

Registrar's No. 27

1. PLACE OF DEATH:

(a) County MONROE  
(b) City or town RURAL - JACKSON TNS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 6 MI. S.E. OF PISIS  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County MONROE  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6 MI. S.E. OF PISIS  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARTHA ANN HUGHES

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife JOHN HUGHES 6. (c) Age of husband or wife if alive 86 years  
7. Birth date of deceased JULY 13 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 0 12 ✓ hr. ✓ min.

9. Birthplace MONROE, CO. MO.  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name RUFUS HAYDEN  
13. Birthplace NOT KNOWN  
(City, town, or county) (State or foreign country)  
14. Maiden name MARTHA HARDESTY  
15. Birthplace MONROE, CO. MO.  
(City, town or county) (State or foreign country)

16. (a) Informant Mrs. Joseph Hughes  
(b) Address ST. STEPHENS, PISIS, MO.

17. (a) Burial (b) Date thereof AUG. 26, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. STEPHENS CEM.

18. (a) Signature of funeral director Spencer Blaney  
(b) Address PISIS, MO.

19. (a) 8-25-41 (b) F. A. Garnett  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 24  
year 1941 hour 12 minute MIDNIGHT M.

21. I hereby certify that I attended the deceased from Aug 20 1941 to Aug 24 1941  
that I last saw him alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 40 min

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 430 Of autopsy \_\_\_\_\_  
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) (a) Means of injury \_\_\_\_\_

23. Signature Spencer Blaney (M. D. or other) MD  
Address PISIS, MO. Date signed 8-25-41

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

RECEIVED

District Health Officer No. 10

District File Number 9-41-1740

Date Filed SEP 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*W. B. Blakey*

Licensed Embalmer No. 261

P. O. Address

*Paris, Mo*

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

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