

Registration District No. **117**

Primary Registration District No. **5561-D**

Registrar's No. **77**

1. PLACE OF DEATH:

(a) County **Jasper**
 (b) City or town **Duenweg** JOPLIN TOWNSHIP, RURAL
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: _____ (Specify whether
 In this community **40 years**
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
 (c) City or town **Duenweg**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Joplin Twp - Rural -**
 (If rural, give location)
 (e) Citizen of foreign country? **1** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** 1st
 year **1941** hour **8:30** minute _____ P. M.
 21. I hereby certify that I attended the deceased from **8/28/41** to **8/28/41**
 that I last saw him alive on **8/28/41**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Heart disease**
 Due to **Infirmitiès due to old age.**

Due to _____
 Other conditions: **1/6 2 B**
 (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? _____ (Specify type of place) _____
 (Specify means of injury) _____
 23. Signature **W. H. Goddard** (M. D. or other) _____
 Address **Carroll, Mo.** Date signed **9-8-41**

3. (a) PRINT FULL NAME **John Hughes**

3. (b) If veteran, name war **unknown**
 3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W**
 6. (a) ~~Single~~ **divorced**
 6. (b) Name of husband or wife **Mrs. Belle Hughes**
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 1** **1858**
 (Month) (Day) (Year)

8. AGE: Years **83** Months **3** Days **X**
 If less than one day hr. _____ min. _____

9. Birthplace **no data** **Ohio**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Employee of Atlas Powder**

11. Industry or business **Powder plant**

MOTHER FATHER
 12. Name **unknown**
 13. Birthplace **unknown** **9**
 (City, town, or county) (State or foreign country)
 14. Maiden name **unknown**
 15. Birthplace **unknown**
 (City, town, or county) (State or foreign country)

16. (a) **Widow Mrs. Belle Hughes**

(b) Address **Duenweg, Missouri**

17. (a) **burial** (b) Date thereof **9/4/41**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Carterville Cemetery**

18. (a) Signature of funeral director **Hedge Nelson**

(b) Address **Webb City, Missouri**

19. (a) **SEPT. 4. 41** (b) **P. L. Hutcherson**
 (Date received local registrar) (Registrar's signature)

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

7-39
X26390

FILED OCT 6 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..... *E. M. Hedge*

Licensed Embalmer No. *2859*

P. O. Address *Webb City, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31747

Registration District No. 417

Primary Registration District No. 55610

Registrar's No. _____

1. PLACE OF DEATH:

(a) County..... Jasper

(b) City or town..... Duaneburg Rural
(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)

3. (a) PRINT FULL NAME..... John Hughes

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

4. Sex..... m **5. Color or race**..... w **6. (a) Single, widowed, married,** _____
divorced..... m

6. (b) Name of husband or wife, _____ **6. (c) Age of husband or wife if** _____
BELLE HUGHES. NO DATA. alive..... _____ years

7. Birth date of deceased..... June 11 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 3 Days _____ If less than one day
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)..... **(b) Date thereof**..... _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... _____

18. (a) Signature of funeral director..... _____

(b) Address..... _____

19. (a) 11-7-1941 **(b)** [Signature]
(Date received local registrar) (Registrar's signature)

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) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day _____
year 1941 hour _____ minute _____ M.

21. I hereby certify that _____
_____ 19____; that I have seen _____
_____ 19____; and that death occurred on the date and hour stated above.
Immediate cause of death.....

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations.....

Of autopsy.....

Duration

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..... (M. D. or other) _____

Address..... **Date signed**.....

SUPPLEMENTARY

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

S-31747