No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35824

Registration District No. 713 Primary Registration District No. 5942 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Waynesville Mo
(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 6 Mos.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pulaski 85
(c) City or town Waynesville 0
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Haskell Fremont Hughes
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 25 (Day) 1927 (Year)

8. AGE: Years	Months	Days	If less than one day
13	9	9	hr. min.

9. Birthplace Lawrence (City, town, or county) / Kansas (State or foreign country)
10. Usual occupation Student
11. Industry or business
FATHER
12. Name Richard Bland Hughes
13. Birthplace Tebbets (City, town, or county) / Mo (State or foreign country)
MOTHER
14. Maiden name Doris Thompson
15. Birthplace Chetopa (City, town, or county) / Kansas (State or foreign country)
16. (a) Informant Richard B. Hughes
(b) Address Waynesville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct (Month) 3 (Day) 1941 (Year)
(c) Place: burial or cremation Crocker Mo
18. (a) Signature of funeral director J.L. Hoops & Sons
(b) Address Waynesville Mo
19. (a) 10/21/41 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1
year 1941 hour 2 minute P. M.
21. I hereby certify that I attended the deceased from Sept. 30, 1941 to Oct. 1, 1941;
that I last saw him alive on Oct. 1, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia — Duration
Due to
Due to 108
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)
While at work? (e) Means of injury 2
23. Signature Howard O. Michelson (M. D. or other) D. O.
Address Waynesville, Mo Date signed 10/21/41

671 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Pulaski County Health Officer
File Number 1141-58
Date Filed 11-6-41

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 Paul B. Hooper

Licensed Embalmer No. 1361

P. O. Address Waynesville, Me.

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, fact should be so stated above.