

FILED DEC 3 1941

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 330

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
413 North Elson St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 60vr.
years, months or days)

3. (a) PRINT FULL NAME Anna Elizabeth Hughes

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Dallas L. Hughes 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 21 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>2</u>	<u>1</u>	hr. _____ min.

9. Birthplace Harrisburg / Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER { 12. Name Euhart Derfler
13. Birthplace unknown / Germany
(City, town, or county) (State or foreign country)
14. Maiden name Catharine Novinger
15. Birthplace Dofenton / Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant H.D. Derfler
(b) Address Kirksville Mo.

17. (a) burial (b) Date thereof 11-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Novinger Cemt.

18. (a) Signature of funeral director Spencer L. Freeman
(b) Address Kirksville Mo.

19. (a) Nov. 25/41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair /
(c) City or town Kirksville 3
(If outside city or town limits, write "RURAL")
(d) Street No. 413 North Elson St. 3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22^d
year 1941 hour 5:00 minute 4 M.

21. I hereby certify that I attended the deceased from November 15, 1941 to Nov. 22, 1941
that I last saw her alive on Nov. 22, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 7 days

Due to _____
Due to _____

Other conditions Hypertension
(Include pregnancy within 7 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 _____
23. Signature Spencer L. Freeman M.D. or other M.D.
Address Kirksville Mo. Date signed Nov 24, 1941

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

RECEIVED

District Health Officer No. 10

District File Number 12-41-2107

Date Filed DEC 3 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. 3907
working under my personal supervision.

Signed Laura Riley

Licensed Embalmer No. 3907

P. O. Address Nikeville 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.