DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 21 1942

Registration District No. 67

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4223

State File No. 1963

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural-Madison Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether

In this community X years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

(c) City or town Rural-Madison Township (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country XX

3. (a) PRINT FULL NAME Andrew Jackson Hughes

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 6

5. Color or race White

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife Laura Hughes

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

7. Birth date of deceased Mar. (Month) 17 (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	9	18	X hr. X min.

9. Birthplace X (City, town, or county) Texas (State or foreign country)

10. Usual occupation Farming

11. Industry or business X

FATHER
12. Name John Hughes
13. Birthplace X (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Betty Ahart
15. Birthplace X (City, town, or county) Kentucky ?? (State or foreign country)

16. (a) Informant W E Hughes

(b) Address Stockton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-6-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Lindley Prarie

18. (a) Signature of funeral director W. C. Davis & Co.

(b) Address Stockton, Mo.

19. (a) Feb 12, 1942 (Date received local registrar) (b) Burl E. Phillips (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5 year 1942 hour 9.40 minute A M.

21. I hereby certify that I attended the deceased from Dec 27, 1941, to Jan 5, 1942 that I last saw him alive on Dec 27, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Undetermined

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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 0

23. Signature Chas H Thomas (M. D. or other)

Address Fair Play Mo Date signed 2-7-1942

1055 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 2-42-149
Date Filed 2-17-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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

. S. No. 2B
OM—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1963

Registration District No. 167 Primary Registration District No. 5283 Registrar's No.

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State N (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

3. (a) PRINT FULL NAME Andrew J. Hughes

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Mar (Month) 17 (Day) 18 (Year)

8. AGE: Years 80 Months 9 Days 18 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

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

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan day 3
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death undetermined	
Due to Unilateral paryalisis paryalisis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83d	
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 (M. D. or other)
Address Date signed

SUPPLEMENTARY