

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether)

In this community 1 day
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Okl. (b) County Ottawa

(c) City or town Picher
(If outside city or town limits, write "RURAL")

(d) Street No. None N.W. Picher, Okla
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 21 years.

3. (a) PRINT FULL NAME Hughes, Donald

3. (b) If veteran, name war No

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January, 18 18
year 1942 hour 3 minute 55 P. M.

4. Sex Male 5. Color or race W.

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

6. (c) Age of husband or wife if alive 23 years
(Day) (Year)

7. Birth date of deceased Sept 23 1941
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1/17/42, 1942, to 1-18-42, 1942;
that I last saw him alive on 1-18-42, 1942;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>0</u>	<u>3</u>	<u>26</u>	hr. min.
----------	----------	-----------	----------

Immediate cause of death

Bronchopneumonia 1-13-42

Due to iles colitis 1-18-42

Due to

9. Birthplace Picher 1 Okla
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

Other conditions 119a
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name George Hughes

13. Birthplace Carrollville Mo
(City, town, or county) (State or foreign country)

14. Maiden name Evelyn Stuart

15. Birthplace Blackburn Idaho
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant Geo. H. Hughes

(b) Address N. W. Picher, Okla

17. (a) 1-19-42 (b) Date thereof 1-19-42
(Month) (Day) (Year)

(c) Place: burial or cremation G.A.P. Miami, Okla

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) (e) Means of injury

18. (a) Signature of funeral director John B. ...

(b) Address Picher, Okla

19. (a) 1-21-42 (b) W.B. James
(Date received local registrar) (Registrar's signature)

23. Signature Walter Howard (M.D. or other)

Address Joplin, Mo Date signed 1/21/42

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

9
2
5

42-1-83

State of Oklahoma
Department of Health
Bureau of Health Services
Oklahoma City, Oklahoma

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..... *P Earl Fromm*

Okl Licensed Embalmer No..... *875*

P. O. Address..... *Picher, Okla*

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.