

FILED FEB 20 1942

Registration District No. _____

Primary Registration District No. **3027**

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

1. PLACE OF DEATH:

(a) County **MACON**
(b) City or town **MACON** (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **COUNTY INFIRMARY** (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **7 YEARS** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **MACON**
(c) City or town **MACON** (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 **DAVID T. 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 **WIDOWED**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **AUGUST 3, 1854** (Month) (Day) (Year)

8. AGE: Years **87** Months **5** Days **13** If less than one day _____ hr. _____ min.

9. Birthplace **WAYNE COUNTY KENTUCKY** (City, town, or county) (State or foreign country)

10. Usual occupation **COAL MINER**

11. Industry or business **MINING**

MOTHER FATHER

12. Name **HARDY HUGHES**
13. Birthplace **WALES** (City, town, or county) (State or foreign country)
14. Maiden name **PATSY BELLE**
15. Birthplace **UNKNOWN** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. J. O. Walker** (b) Address **Brunn, Mo.**

17. (a) **BURIAL** (b) Date thereof **1-19-42** (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **ST. CALIXTO SEMETARY**

18. (a) Signature of funeral director **J. J. Sumner** (b) Address **Brunn, Mo.**

19. (a) **1/26/42** (b) **J. J. Sumner** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JANUARY** day **16** year **1942** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **Feb. 1940** to **Jan 16 1942**
that I last saw him alive on **Jan 16 1942** and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial pneumonia** Duration **4 days**

Due to _____

Due to _____

Other conditions **Generalized arterio-sclerosis** (Include pregnancy within 3 months of death) **15 yrs.**

Major findings: **107**
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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature **J. J. Sumner** (M. D. or other) _____
Address **MACON, MO** Date signed **1-22-42**

RECEIVED

District Health Officer No: 10

District File Number 5-42-331

Date Filed FEB 19 1942

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

H. Edwards

Licensed Embalmer No.

1961

P. O. Address

Brewer No

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.