

Registration District No. 200 Primary Registration District No. 200

96
 13
 1

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
9411 Baltimore Ave. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 15 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 96
 (c) City or town Overland 13
(If outside city or town limits, write "RURAL")
 (d) Street No. 9411 Baltimore Ave. 1
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Nannie Hughes
 3. (b) If veteran, name war No. 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 19
 year 1942 hour 9:30 P. minute _____ M.

4. Sex Female / race White 5. Color or race _____
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife John Hughes 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased August 1 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1st, 1941, to January 19th, 1942, that I last saw her alive on January 18th, 1942, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>5</u>	<u>18</u>	_____ hr. _____ min.

Immediate cause of death Coronary Sclerosis Duration 6 mo
 Due to Atherosclerosis 6 mo

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

Due to 740

10. Usual occupation Housewife

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Tom Mattix
 { 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 { 14. Maiden name Hickenbottom
 { 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant John Hughes
 (b) Address 9411 Baltimore Ave.

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? _____

17. (a) Burial (b) Date thereof 1-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. John's Cem.

While at work? _____
(Specify type of place) (e) Means of injury
 23. Signature H. J. Copeman M.D. (M. D. or other) 9
 Address Patterson, Mo. Date signed Jan 20, 1942

18. (a) Signature of funeral director Hy. Leidner Und. Co.
 (b) Address 2223 St. Louis Ave
JAN 20 1942
 19. (a) _____ (b) C. E. McVann
(Date received local registrar) (Registrar's signature)

Dr. Coleman Patton 2-16-1
8-9 a.m. - 1-2 p.m. 7-8 p.m.

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2225 St. Louis ave

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.