

Registration District No. **668**

Primary Registration District No. **3032**

1. PLACE OF DEATH:

(a) County **Pettis**  
(b) City or town **Sedalia**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**412 W Wash**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community **Five years and eight months**  
years, months or days)

3. (a) PRINT FULL NAME **BARBARGENE HUGHES**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **0**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **June 4 1936**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>5</b>	<b>8</b>	<b>13</b>	_____ hr. _____ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name **John Hughes**

13. Birthplace **Longton O Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Wesley Branch**

15. Birthplace **Jefferson Tex**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Wesley Hughes**

(b) Address **Sedalia Mo**

17. (a) **Burial** (b) Date thereof **Feb 25 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sedalia Mo**

18. (a) Signature of funeral director **Z. B. Ferguson**

(b) Address **Sedalia**

19. (a) **2-25-42** (b) **Mrs Anna Berger**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Pettis 80**  
(c) City or town **Sedalia**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **412 W Washington**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **21**  
year **1942** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **2-21-42** to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Probably Botulism from history of illness was unattended by physician** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 8 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy **Autopsy showed no pathology to account for death** 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 **2-23-42**

(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 \_\_\_\_\_

23. Signature **V. J. Bishop of Coronet** (M. D. or other) \_\_\_\_\_

Address **Sedalia Mo** Date signed **2-25-42**

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 3-12-42

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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

*F. D. Ferguson*

Licensed Embalmer No.

*2172*

P. O. Address

*Sedalia*

**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.**