

FILED APR 8 1942
Registration District No. 3-7

Primary Registration District No. 1002

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

400
230

1. PLACE OF DEATH:
Jackson
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2608 Euclid
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community Over ten years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 2608 Euclid
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Hansil H. Hughes

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marcella Hughes 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased July 14 1860
(Month) (Day) (Year)

8. AGE: 81 Years 8 Months 12 Days If less than one day
hr. min.

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

10. Usual occupation Unemployed

11. Industry or business Brick Mason

12. Name Sigley Hughes

13. Birthplace Philadelphia Pa.
(City, town, or county) (State or foreign country)

14. Maiden name Martha Brydie

15. Birthplace Athens Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant Emmett Hughes

(b) Address 2579 Vine St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-42
(Month) (Day) (Year)

(c) Place: burial or cremation Wynland Cemetery

18. (a) Signature of funeral director W. C. Opplinger

(b) Address City of Jackson

19. (a) 3-28-42 (Date received local registrar) (b) W. C. Opplinger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
 year 1942 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1942 to 1942
 that I last saw him living
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to hypertensive heart disease

Due to 92%

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93%
 Of autopsy

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 3

23. Signature W. C. Opplinger (M. D. or other)
 Address W. C. Opplinger Date signed.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.

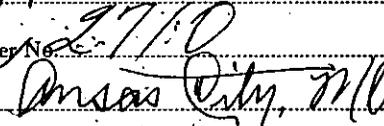
working under my personal supervision.

Signed.....



Licensed Embalmer No.

P. O. Address.....



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

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