V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 2 1942

Registration District No. 85

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1001

State File No. 10269

Registrar's No. 234

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 16 Months
In this community (Specify whether years, months or days): In this community 16 Months

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

3. (a) PRINT FULL NAME: Carolyn Hughes
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Morris
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: Oct (Month) 6 (Day) 1873 (Year)

8. AGE: Years 68 Months 5 Days 0 If less than one day hr. min.

9. Birthplace: Howard Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: at home
FATHER
12. Name: G. D. Herndon
13. Birthplace: Howard Co (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name: Mary Elizabeth Stewart
15. Birthplace: Howard Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Morrison Hughes
(b) Address: Fayette Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: MAR. 6 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Fayette Mo
18. (a) Signature of funeral director: Herndon & Sidwell
(b) Address: 1802 Union St. St. Joseph Mo
19. (a) 3-6-42 (Date received local registrar) (b) H. J. Mittelhusen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 6 year 1942 hour 11 minute A. M.
21. I hereby certify that I attended the deceased from Jan 15 1942 to Mar 6 1942 that I last saw h. alive on Mar 6 1942 and that death occurred on the date and hour stated above.
Immediate cause of death: Lobar Pneumonia — Duration 2 days
Due to: Accidental burns of right arm foc. and knee
Due to: Falling onto radiator on the ward
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: ✓ 18
Of autopsy: ✓ 15

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): accidental 131
(b) Date of occurrence: Mar 1st 1942
(c) Where did injury occur? St Joseph (City or town) Buchanan (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? State Hospital No 2 (Specify type of place)
While at work? No (e) Means of injury: fell on radiator
23. Signature: G. E. Gowins (M. D. or other) D
Address: State Hospital No 2 Date signed 3/6/42

(Licensed Embalmer's Statement on Reverse Side) ST. JOSEPH

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.....Elbert R. Harrington

Licensed Embalmer No.....3257

P. O. Address.....St. Joseph, Mo.

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.