

FILED MAY 20 1942

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

15005

Do not use this space.

## 1. PLACE OF DEATH

(a) County Woods County Registration District No. 5-9-5-  
(b) Township John Deere Primary Registration District No. 5-7-2-1  
(c) City Rural (d) Street No. 1 (If death occurred in Hospital or Institution, write its name instead of street and number) St:  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 72. PRINT FULL NAME Susan Hughes

(a) Residence, No. Rural St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX A 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Hughes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11 - 1860

7. AGE YEARS 82 MONTHS 7 DAYS 21 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oranston Kentucky

FATHER 13. NAME Tom Lanning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Mary Ellen Bennie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs. Lizzie Brown Jefferson City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellsville DATE 5-4-42

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. B. Wells Wellsville Mo

20. FILED May 4 - 1942 Mrs. Virgie Norton Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-2-1942

22. HEREBY CERTIFY, That I attended deceased from April 11, 1942 to April 29, 1942

I last saw h. w. alive on April 29, 1942 Death is said to have occurred on the date stated above, at 1:30 am. The principal cause of death and related causes of importance were as follows:

mitral stenosis  
coronary atherosclerosis  
chronic bronchitis

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify .....

(Signed) R. G. Herxmark, M. D.  
(Address) W. Wellsville Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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 Self

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed A. B. Mills

Licensed Embalmer, No. 1588

P. O. Address Millsville 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, above space should be left blank.**