

No. 2  
4-13-40  
5-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15312

State File No. \_\_\_\_\_

Registrar's No. 88

Registration District No. 135

Primary Registration District No. 3034

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

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Moberly, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 200 Harsley St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days)

In this community 3.5 years

3. (a) PRINT FULL NAME DON HUGHES

(b) If veteran, name war none

(c) Social Security No. 489-14-7305

4. Sex Male 5. Color or race Black

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Annie Hughes

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased May-2-1891  
(Month) (Day) (Year)

8. AGE: Years 50 Months 11 Days 20  
If less than one day hr. min.

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

10. Usual occupation Food Carrier

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

MOTHER FATHER

12. Name Ben Hughes

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

14. Maiden name Era Butler

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

16. (a) Informant Mrs. Don Hughes

(b) Address 200 Harsley St. Moberly, Mo.

17. (a) Burial (b) Date thereof Apr-24-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo.

18. (a) Signature of funeral director Snow Funeral Home

(b) Address Moberly, Mo.

19. (a) 4-23-42 (b) Irma Havel  
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly  
(If outside city or town limits, write "RURAL")

(d) Street No. 200 Harsley  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22<sup>nd</sup>  
year 1942 hour 12 minute 10 A. M.

21. I hereby certify that I attended the deceased from Mar-18- 1942 to April-22- 1942  
that I last saw him alive on April-20- 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Decompensated mitral regurgitation

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 92 lb

Duration 30 days

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 \_\_\_\_\_

(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 A. W. Sprader (M. D. or other) \_\_\_\_\_

Address Moberly, Mo. Date signed 4-23-42

1056

(Licensed Embalmer's Statement on Reverse Side)

MAY 21 1942

RECEIVED

District Health Officer No. 10

District File Number 5-42-1160

Date Filed MAY 19 1942

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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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.