V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17065

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2087

49
3
8

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Children's Mercy Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Days. (Specify whether
In this community 14 Days.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County P 83
(c) City or town Platte City 60
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. # 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Mae McHughes

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex f 1
5. Color or race w
6. (a) Single, widowed, married, divorced infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 23 (Day) 1941. (Year)

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

9. Birthplace Weston (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation Infant.
11. Industry or business
FATHER
12. Name Ford McHughes.
13. Birthplace Parthenon (City, town, or county) Ark. (State or foreign country)
MOTHER
14. Maiden name Bertha Pye.
15. Birthplace St. Joe. (City, town, or county) Mo. O (State or foreign country)
16. (a) Informant Ford McHughes.
(b) Address Platte City, Mo. O
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 5-30-42. (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Ridge Cem.
18. (a) Signature of funeral director Rollin Funeral Home
(b) Address Platte City, Mo.
19. (a) 5-28-42 (Date received local registrar) (b) N. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28. year 1942 hour 9 05 minute A.M.

21. I hereby certify that I attended the deceased from 5-26, 1942, to 5-28, 1942, that I last saw her alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Broncho — Duration 3-4 days

Due to 157 E

Due to

Other conditions Congenital Heart
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury O

23. Signature E. L. Glasscock, (M. D. ~~or other~~)
Address 1306 Prof. Bldg. Date signed 5-28-42

361 (Licensed Embalmer's Statement on Reverse Side)

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.