

Registration District No. 35

Primary Registration District No. 1001

1. PLACE OF DEATH:

BUCHANAN

- (a) County
- (b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: MO. METHO. HOSPITAL 0
(If not in hospital or institution, write street number of location)
- (d) Length of stay: In hospital or institution 3 hr 10 min
(Specify whether)

In this community
years, months or days

3. (a) PRINT FULL NAME Baby Boy Hughes

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

4. Sex Boyd 5. Color or race White 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive, years

7. Birth date of deceased May 22, 1942
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				3 hr. 10 min.

9. Birthplace: St. Joseph, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Byron Burr Hughes
13. Birthplace Perrin, Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Ruby Ellen Wezner
15. Birthplace Cameron, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Byron Hughes
(b) Address Turkey, Mo.

17. (a) Burial (b) Date thereof May 23, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director O. J. Moore

(b) Address Cameron, Mo.

19. (a) 5-22-42 (b) Rose Heyog
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Buch
- (c) City or town St. Joseph -
(If outside city or town limits, write "RURAL")
- (d) Street No. Mo. Meth. Host 0
(If rural, give location)
- (e) If foreign born, how long in U. S. A. ? years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 42 hour 10:10 minute 10 a. M.

21. I hereby certify that I attended the deceased from 10:10 a.m. May 22, 1942 to 1:20 P.M. - 5-22-42
that I last saw h. e. m. alive on May 22, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death
Due to Placenta Praevia
Placenta abrupta
Due to 159
Other conditions (Include pregnancy within 3 months of death)

Duration 2 Hrs
6 Hrs
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings: Of operation Delivered by Caesarian Section
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
23. Signature O. J. Moore (M. D. or other)
Address 825 Charles St Date signed 5-22-42

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

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 not

....., Registered Apprentice No.

working under my personal supervision.

Signed C. Moore

Licensed Embalmer No. 1180

P. O. Address Cameron, 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.