S. No. 2
M—1-4-41
7. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17578

Registration District No. FILED JUN 14 1942 7

Primary Registration District No. 6139

Registrar's No. 14

1. PLACE OF DEATH:

(a) County: Caldwell

(b) City or town: Fairview-Township, Braymer Town
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Fairview-Township,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: For the past 50 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri, (b) County: Caldwell,

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

(d) Street No.: Fairview Township,
(If rural, give location)

(e) Citizen of foreign country? (Yes or No): 0

If yes, name country:

3. (a) PRINT FULL NAME: Alfred Wesley Hughson,

3. (b) If veteran, name war: None,

3. (c) Social Security No.: No

4. Sex: Male, 0

5. Color or race: White

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

6. (b) Name of husband or wife: Sallie M. Hughson,

6. (c) Age of husband or wife if alive: Deceased, years

7. Birth date of deceased: May, (Month) -10th, (Day) -1860 (Year)

8. AGE: Years 81, Months 11, Days 25, If less than one day: hr. min.

9. Birthplace: Kingston Ontario, (City, town, or county) Canada. 2 (State or foreign country)

10. Usual occupation: Farmer,

11. Industry or business: Farming,

FATHER
12. Name: George Hughson,
13. Birthplace: Not Known, (City, town, or county) Canada, 2 (State or foreign country)

MOTHER
14. Maiden name: Lydia Cavalry,
15. Birthplace: Not Known, (City, town, or county) Canada. 2 (State or foreign country)

16. (a) Informant: Dayton Hughson,

(b) Address: Braymer, Mo., -R.#

17. (a) Burial, ---- (Burial, cremation, or removal) (b) Date thereof: May, (Month) -7- (Day) 1942 (Year)

(c) Place: burial or cremation: Evergreen Cemetery,

18. (a) Signature of funeral director: E. P. Michael

(b) Address: Braymer, Mo.

19. (a) May 6-1942 (Date received local registrar) (b) E. A. Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 5 year: 1942 hour: 7:1 minute: 15 A.M.

21. I hereby certify that I attended the deceased from: June 1941, to: May 5 1942 that I last saw him alive on: May 3 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bulbar Paralysis	3 days
Due to: Chr. Bright's Disease	3 years
Due to: Angina Pectoris	5 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: 131

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): No

(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: 0

23. Signature: C. L. Woolsey (M. D. or other)

Address: Braymer Mo Date signed: 5/6/42

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

1151

(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 E. P. Michael

Licensed Embalmer No. 1363

P. O. Address Braymer, 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.