

FILED JUL 17 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2557

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3418 Gillham Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: 15 hospital or institution (Specify whether
In this community 40 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3418 Gillham Road K
(If rural, give location)
(e) Citizen of foreign country? h (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Mr. Gerald Edwin Hughes, Jr.

(b) If veteran, No name war. (c) Social Security No. 487-10-7596

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

(b) Name of husband or wife Mrs. Elizabeth Smith Hughes 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased January 1894
(Month) (Day) (Year)

8. AGE: Years 48 Months 6 Days 3 If less than one day
.....hr.min

9. Birthplace Denison Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Formerly with Loose Wiles Candy

11. Industry or business Candy Business Sales mgr.

12. Name Gerald Edwin Hughes, Sr.

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

14. Maiden name Louise Ketchum

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

16. (a) Informant Mrs. Elizabeth Hughes
(b) Address 3418 Gillham Road

17. (a) Cremation (b) Date thereof July 7, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation D.W. Newcomer's Sons
(d) Signature of funeral director J.P. Newcomer
(e) Address 1401 Brush Creek Blvd.

19. (a) 7-6-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 th
year 1942 hour 10 minute 30A.M. M.

21. I hereby certify that I attended the deceased from Feb. 1941
to July 4, 1942
that I last saw him alive on July 30, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: 1-nephrosclerosis; Acute
2-hypertension
Due to Chronic interstitial myocarditis
Generalized edema
Other conditions Pulmonary edema
(Include pregnancy within 3 months of death)

Major findings:
Of operations 938
Of autopsy yes

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 _____

23. Signature J.P. Newcomer (M. D. or other) _____
Address 836 Prof. Bldg Date signed _____

Duration 8 mos several years
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

Me

341

(Licensed Embalmer's Statement on Reverse Side)

7-4-1942

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. C. Newcomer Jr.*
Licensed Embalmer No. *4043*
P. O. Address..... *R. C. Newcomer*

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.