

S. No. 2  
M-5-42  
5-17-39  
PI X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23440

State File No. ....

FILED AUG 1 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2803

48  
83  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:  
7414 Walrond Avenue /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community..... 50 Years  
years, months or days) (Specify whether

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") 8  
(d) Street No. 7414 Walrond Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Mr. Patrick J. Hughes  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 22nd  
year 1942 hour 3 minute 30 P. M.

4. Sex Male 0 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Mary B. Hughes  
6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased October 26 1888  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from.....  
..... 19..... to..... 19.....  
that I last saw him..... alive on..... 19.....  
and that death occurred on the date and ascertained above.

8. AGE: Years Months Days If less than one day  
76-65 8 26 hr. min.  
27

Immediate cause of death Acute coronary thrombosis  
Due to..... 9/40  
Due to.....

9. Birthplace Pittston / Pennsylvania  
(City, town, or county) (State or foreign country)

Other conditions.....  
(Include pregnancy within 3 months of death)

10. Usual occupation Real Estate Man

11. Industry or business Independent Realty Company

Major findings:  
Of operations.....  
Of autopsy..... See above  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

12. Name Patrick Joseph Hughes

13. Birthplace Unknown Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Gohn

15. Birthplace Unknown Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. P. J. Hughes

(b) Address 7414 Walrond

17. (a) Burial (b) Date thereof July 25, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation Mt. St. Mary's Cemetery

18. (a) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-24-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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)  
(a) Means of injury.....  
23. Signature [Signature] (M. D. or other) 3  
Address 1002 Date signed 7/23/42

361 (Licensed Embalmer's Statement on Reverse Side)

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**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.....

*C. Hervey Quisenberry*

Licensed Embalmer No. *4070*

P. O. Address *C. 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.**