

FILED SEP 9 1942 57

State File No.

Registration District No. 13957

Primary Registration District No. 5-2-03-5211

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Dawn (Washington Twp)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 94 yrs (Specify whether years, months or days)

In this community 94 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll 17

(c) City or town Dawn (Washington Twp) 9
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME Louisa Hughes

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

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Mar 27 - 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>5</u>	<u>5</u> hr. min.

9. Birthplace So. Wales 4
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business.

MOTHER FATHER

12. Name Tom R. Hughes

13. Birthplace So. Wales 4
(City, town, or county) (State or foreign country)

14. Maiden name Esther Jones

15. Birthplace So. Wales 4
(City, town, or county) (State or foreign country)

16. (a) Informant Joe Hughes
(b) Address Dawn, Mo

17. (a) Burial (b) Date thereof 8-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plymouth Cem.

18. (a) Signature of funeral director Edward J. Neal
(b) Address Beaumont, Mo

19. (a) August 6-42 (b) Mrs. Edgar Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 2
year 1942 hour 3 minute 209. M.

21. I hereby certify that I attended the deceased from June 1, 42 to July 15, 42
that I last saw her alive on July 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Senile Insanity
Refused to eat
Delusion of infirmity
To eat

Due to Senile Insanity

Due to Senile Insanity

Other conditions (Include pregnancy within 3 months of death) 162 d

Duration

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?

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

23. Signature Hyas Moore (M. D. or other) Mo
Address and low Mo Date signed 8/13/42

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

17
00

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 9-4-42.....

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.....

Samuel F. Neal

Licensed Embalmer No. 2807.....

P. O. Address Baymen, Md.....

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.